

# Family Law for the Non-practitioner

Serving the Veteran client

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# Objective

- An overview of Family Court and the Family Support Division for the non-practitioner serving veteran clients.

# Three Different Courts to serve you

- FAMILY COURT– Main Office
- 1555 Sixth Avenue
- FAMILY SUPPORT
- 220 West Broadway
- MADGE BRADLEY Annex
- 1409 Fourth Avenue

# Outside of Downtown

- NORTH COUNTY
- FSD/Family court at the North County
- EAST County
- Family Court only (based on zip code)
- SOUTH county
- Family Court only
- (based on zip code)

# FAMILY COURT FORMS

- Most commonly needed forms for FAMILY COURT
- Request for Order (FL # 300) If moving party
- Income and Expense (FL # 150) For spousal support
- Blank Declaration (MC -030) if not using declaration space on RFO.

Please fill out the following form. You can save data typed into this form.

OTHER PARENT/PARTY:

REQUEST FOR ORDER

- Child Custody
- Child Support
- Attorney Fees and Costs

- MODIFICATION
- Visitation
- Spousal Support

- Temporary Emergency Court Order
- Other (specify):

CASE NUMBER:

1. TO (name):

2. A hearing on this Request for Order will be held as follows: If child custody or visitation is an issue in this proceeding Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)

a. Date: Time:  Dept.:  Room.:

b. Address of court  same as noted above  other (specify):

3. Attachments to be served with this Request for Order:

- a. A blank Responsive Declaration (form FL-320)
- b.  Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration

- c.  Completed Financial Statement (Simplified FL-155) and a blank Financial Statement (
- d.  Points and authorities
- e.  Other (specify):

Date:

# FAMILY SUPPORT

- Most Common Forms:
- Income and Expense: (FL # 150)
- Declaration (MC-030)

# How child support is calculated

- Guideline:
  - Time share with child versus income earned.
  - <https://www.cse.ca.gov/ChildSupport/cse/guidelineCalculator>



- [DCSS Home](#)
- [Pressroom](#)
- [Program Information and Services](#)
- [State Disbursement Unit](#)
- [Contact Local Office](#)
- [Customer Resources](#)
- [Frequently Asked Questions \(FAQ\)](#)
- [Reference Library](#)
- [Projects](#)
- [Guideline Calculator](#)
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 (Sacramento)  
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### Dependent Information

**Time with Parent 1 (%) is the same for each child:**

Name	Prior Period Date Range	Time with Parent 1 (%)
<input checked="" type="checkbox"/> FIRST-BORN	<a href="#">Not Applicable</a>	20.0 <a href="#">Advanced</a>

### Parents Living Together Without Custody of Children

Check here if Parent 1 and Parent 2 are living together and neither have custody of the children. (Child(ren) in foster care or other non-parent custody)

### Tax Information

Tax Year:

Federal Income Taxes:	Parent 1:	Parent 2:
Federal Tax Filing Status: <input type="text" value="SINGLE"/>	<input type="text" value="HEAD OF HOUSEHOLD"/>	<input type="text" value="HEAD OF HOUSEHOLD"/>
Federal Tax Exemptions: <input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
State Income Taxes: <input checked="" type="radio"/> California	<input checked="" type="radio"/> California	<input checked="" type="radio"/> California
California Tax Filing Status (Registered Domestic Partner Only): <input type="text" value="SAME AS FEDERAL"/>	<input type="text" value="SAME AS FEDERAL"/>	<input type="text" value="SAME AS FEDERAL"/>
Show Maximized Exemptions and Credits (Court Discretion/Stipulations Only): <input type="checkbox"/>		

### Other Tax Settings

### Monthly Income Information

Wages/Salary:  MONTHLY  MONTHLY

### Calculate Wages/Salary

Self-Employment Income:

# Family Support Form tips

- FL- 150
  - #5 Income: Current month/ Yearly total
  - #12 People who live– in supportive environment
  - #16-18: If another child support obligation, include this information.

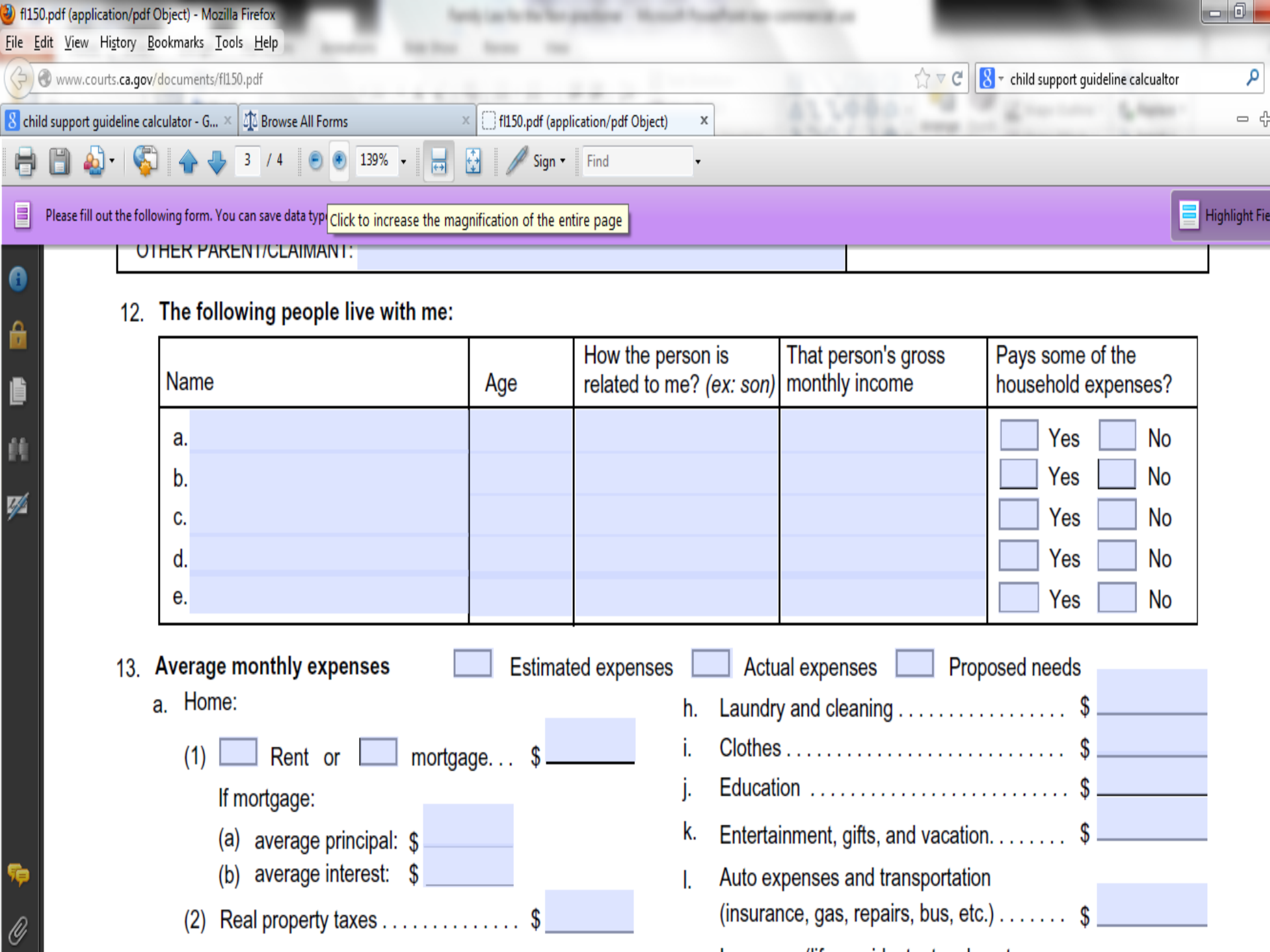
Please fill out the following form. You can save data typed into this form.

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



Please fill out the following form. You can save data type [Click to increase the magnification of the entire page](#)

OTHER PARENT/CLAIMANT: \_\_\_\_\_

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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input 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... \$ \_\_\_\_\_
- If mortgage:
- (a) average principal: \$ \_\_\_\_\_
- (b) average interest: \$ \_\_\_\_\_
- (2) Real property taxes ..... \$ \_\_\_\_\_

- h. Laundry and cleaning ..... \$ \_\_\_\_\_
- i. Clothes ..... \$ \_\_\_\_\_
- j. Education ..... \$ \_\_\_\_\_
- k. Entertainment, gifts, and vacation. .... \$ \_\_\_\_\_
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ \_\_\_\_\_

Please fill out the following form. You can save data typed into this form.

### CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

#### 16. Number of children

- a. I have (specify number):  children under the age of 18 with the other parent in this case.
- b. The children spend  percent of their time with me and  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.)

[Redacted area for parenting schedule description]

#### 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.)

# Family Support Form Tips

- MC-030
- Use this as an opportunity to explain situation.
  - School
  - Training
  - Medical expenses/ Situations

# Fee Waivers

- RFO fees: \$60
- First Paper/ Response Fees in Dissolution of Marriage or Registered Domestic Partnership: \$ 435

# Fee Waiver Tips

- Any Public Benefits? Get a copy of the card or proof of benefit and attach to declaration.
- If applying under 5b., use attached declaration to explain why client cannot afford court fees.
- If taking case on as counsel– Explain fee agreement with client.



# Despite best efforts

- Family Law Facilitator's Office: 6<sup>th</sup> Avenue, East County, South County, and North County
- 220 West Broadway: Only DCSS matters
- Must go to FLF where case is.
- Advise to get there early.