

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name) _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL 939 W. MAIN STREET EL CENTRO, CA 92243	
PETITIONER: RESPONDENT:	
ATTACHED DECLARATION IN SUPPORT OF CHILD SUPPORT MODIFICATION	CASE NUMBER: _____

I request a modification of child support based upon the following change of circumstance since the last order for child support was entered:

1. **Job loss and current unemployment:**

I lost my job on _____. I was laid off terminated other: _____.
 I have been looking for work since I lost my job. A list of my job contacts is attached or will be provided at the hearing. I am receiving unemployment benefits and ask that the court base my child support on my unemployment benefits. I am not eligible for unemployment benefits and I ask that the court reduce my child support to zero until I find employment.

2. **Change of employment and decrease in earnings:**

- a. I am no longer working for the same employer as I was when the last order was made. I have not worked there since _____. I am not working there because _____. I currently work at _____. My occupation is _____. I earn \$_____ per hour and usually work _____ hours per week. My average gross monthly income is \$_____. This is a decrease in my gross monthly earnings of \$_____ from the time of the last order.
- b. I tried but could not find work at my previous rate of pay. I am still employed at the same place I was when the order was made, but my earnings have decreased. I now earn \$_____ per hour and usually work _____ hours per week. This is a decrease in my gross monthly earnings of \$_____. My earnings decreased because _____.

3. **Disability and decrease in earnings and/or loss of income:**

- I am currently disabled. My disability began on _____ and my medical/psychological problem is: _____. I will be disabled until _____.
- I have attached a Verification of Disability from my treating doctor. (*Select one*)
- a. I do not receive disability benefits at this time but I have applied for benefits. I expect to receive disability benefits from the state government federal government private insurance other: _____ starting on _____ in the sum of \$_____ monthly. Until I start to receive these benefits, I ask that the court reduce my child support to zero.
- b. I do not expect to receive disability benefits in the future because: _____. I ask the court to reduce my child support to zero.
- c. I receive disability benefits from state government federal government private insurance other: _____. I receive \$_____ monthly. From this disability income the sum of \$_____ is deducted for child support every month. I ask that child support be suspended and/or reduced during the period of my disability. I request any derivative benefits due to my child(ren) from social security as a result of my disability be offset against the child support order, pursuant to Family Code § 4504.
- d. I receive SSI/SSP benefits and have received SSI/SSP benefits since _____. Thus, child support should be set at zero for so long as I continue to receive these benefits.

SHORT TITLE:

CASE NUMBER:

4. **Change in income or ability to earn of the other parent:**

Since the last order for child support was made, the other parent:

- a. has become employed, earning \$ _____ per hour, working _____, hours per week.
 - b. has received an increase in earnings and now earns \$ _____, per month.
 - c. now has the ability to obtain employment and earn at least \$ _____, per month.
- Attached please find possible job openings for which the other parent is qualified to apply.

5. **Recent release from incarceration and decrease in earnings and/or current unemployment:**

I was incarcerated from: _____ to _____. I am currently unemployed as a result of my incarceration and am actively looking for work. A list of my job contacts is attached or will be provided at the hearing. I have no current income. I ask the court to reduce my child support to zero until I find a job.

I am in a recovery program called: _____ and have been there since _____. The program requires _____. I am not allowed to work for the first _____ weeks/months. Thereafter, I can work as follows: _____. I have attached verification of my enrollment and participation in this program. I ask the court to reduce my child support to zero until I find a job.

6. **Change in child custody and/or timeshare with children in this case:**

- a. I now have primary custody substantial increased timeshare with the children in this case. The children are now with me as follows: _____.
- b. My child, _____, is emancipated because of turning 18 and not in high school turning 19 getting married joining the military by judicial decree. I request support for that child be terminated.

7. **Financial hardship:**

Since the last order was made, I have sustained the following financial hardship(s):

- a. **Statutory Hardship:**
 - 1. Expenses of natural or adopted children in the home (Family Code §4071(a)(2)). I provide support for the following or adopted minor children who reside in my home: _____.
 - Attached please find their birth certificates.
 - 2. Extraordinary health expenses and uninsured catastrophic losses (Family Code § 4071(a)(1)): _____.
- b. **Low income adjustment:** I request the court order a low income adjustment in this case because I net less than \$1000 per month, taking into consideration all allowable deductions and hardships.
- c. **Court discretion:** I request the court use its discretion and deviate from the guideline amount because application of the guideline formula would be unjust or inappropriate due to the special circumstances in my case. The facts supporting the special circumstances in my case are: _____.

8. **Other change of circumstance:** _____

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

DATE:

Print Name

Signature of Declarant