



Cover Sheet:	Statement of Issues and Contentions
Effective Date:	January 29, 2013
Last Revision Date:	August 23, 2024
Purpose:	This form is used to identify the issues in dispute and the position of each party when a case is scheduled for mandatory settlement conference and trial.
Assistance:	<p>If you are unable to complete the forms on your own, you may wish to hire a private attorney. If you need help finding an attorney, please contact the State Bar of California at www.calbar.ca.gov or the Attorney Search Network at 800-215-1190 or www.attorneysearchnetwork.com.</p> <p>Parties who are acting as their own attorneys may receive help from the Self Help Center to prepare for trial. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday, and Friday morning.</p>
Required Forms:	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none">• Statement of Issues and Contentions, local form FL/E-CT-032• Proof of Service By Mail, FL-335
Optional Forms:	This form is needed if you are requesting orders regarding payment of monies, including child support, spousal support or attorney's fees and costs: <ul style="list-style-type: none">• Income and Expense Declaration, FL-150
Filing Fee:	None
Copies:	Make 4 copies of the completed forms. The Court will file and keep the original and two copies and endorse and return a copy to you.
Before You File:	One copy of your completed form must be served on the other party at least 20 days before the date set for Mandatory Settlement Conference. The Proof of Service By Mail must be completed and filed with the original and remaining copies of the form.
Filing:	<p>All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)</p> <p>Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.</p> <p>Forms may also be filed in person between the hours of 8:30 am</p>



	and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.
Next Steps:	If child custody is at issue and there is a mediation report, you must subpoena the mediator/CCRC at least 10 days before trial.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> TELEPHONE NO: EMAIL ADDRESS <i>(optional)</i> : ATTORNEY FOR <i>(Name)</i> :	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 POWER INN ROAD MAILING ADDRESS: SAME CITY AND ZIP CODE: SACRAMENTO, 95826	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
STATEMENT OF ISSUES AND CONTENTIONS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	Settlement Conference Date: _____ Trial/Long Cause Hearing Date: _____ Time Estimate: _____

STATISTICAL INFORMATION:

1. Date of Marriage: _____ 2. Date of Separation: _____

3. Minor Children of the Relationship:

<u>Child's name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

CURRENT ORDERS:

<u>4. Type of Orders</u>	<u>Date</u>	<u>Ordered</u>
a) Child Custody and Visitation	_____	_____
b) Child Support	_____	_____
c) Spousal/Partner Support	_____	_____
d) Domestic Violence Restraining Order	_____	_____

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

CONTESTED ISSUES AND CONTENTIONS:

(attach form MC-025 if more space is needed)

5. Child Custody and Visitation

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

The court referred/appointed mediator (CCRC) has ____ has not ____ been subpoenaed.

6. Child Support

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

7. Spousal/Partner Support

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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8. Property Characterization and Division

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

9. Credits, Reimbursements, and Offsets

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

10. Attorney Fees and Costs

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

11. Other Miscellaneous Disputed Issues

a) Issue before the court:

b) Factual and legal authority for request (if available):

c) Orders Requested

WITNESSES TO BE CALLED AT TRIAL:

(attach form FL-321 if more space is needed)

12. Name:

Brief Statement of Expected Testimony or Expertise:

a) _____

b) _____

c) _____

CONFIRMATION OF TRIAL TIME ESTIMATE:

My estimation of the time required for this trial is _____.

In the event that this matter is not resolved at the mandatory settlement conference and must be confirmed trial, I certify by my signature below that the matter can be concluded within the existing trial time estimate.

I declare under penalty of perjury under the laws of the State of California that this Statement of Issues and Contentions is true and complete.

Date: _____
 (Signature _____ of Party)

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (<i>If applicable, provide</i>):
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (*city and state*):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.*)

6. 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 PERSON COMPLETING THIS FORM)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

3. **Tax information**

- a. I last filed taxes for tax year (specify year): _____
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): _____
- c. I file state tax returns in California other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 <input type="checkbox"/> federally taxable*	\$ _____	\$ _____
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 allowances, royalty payments) (specify):	\$ _____	\$ _____

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$ _____	
b. Rental property income.....	\$ _____	
c. Trust income.....	\$ _____	
d. Other (specify):	\$ _____	

7. Income from self-employment, after business expenses for all businesses..... \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. Deductions

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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: <ul style="list-style-type: none"> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ <li style="padding-left: 40px;">If mortgage: <li style="padding-left: 60px;">(a) average principal: \$ _____ <li style="padding-left: 60px;">(b) average interest: \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ | h. Laundry and cleaning..... \$ _____ |
| c. Child care..... \$ _____ | i. Clothes..... \$ _____ |
| d. Groceries and household supplies..... \$ _____ | j. Education..... \$ _____ |
| e. Eating out..... \$ _____ | k. Entertainment, gifts, and vacation..... \$ _____ |
| f. Utilities (gas, electric, water, trash)..... \$ _____ | l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ |
| g. Telephone, cell phone, and e-mail..... \$ _____ | m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ |
| | n. Savings and investments..... \$ _____ |
| | o. Charitable contributions..... \$ _____ |
| | p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____ |
| | q. Other (specify): \$ _____ |
| | r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ |
| | s. Amount of expenses paid by others \$ _____ |

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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.)

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.)

18. Additional expense for the children in this case

	Amount per month
a. Childcare so I can work or get job training.....	\$ _____
b. Children's health care not covered by insurance.....	\$ _____
c. Travel expenses for visitation.....	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> :.....	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.....	\$ _____	_____
b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i>	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me.....	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> :		
(3) Child support I receive for those children.....	\$ _____	

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

