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|----------------------------|---|
| <b>Cover Sheet:</b>        | <b>Responsive Declaration to Request for Order</b>  |
| <b>Effective Date:</b>     | August 5, 2019  |
| <b>Last Revision Date:</b> | June 8, 2022  |
| <b>Purpose:</b>            | These forms are used to respond to a Request for Order.   |
| <b>Assistance:</b>         | Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account.  |
| <b>Required Forms:</b>     | All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none"><li>• Responsive Declaration to Request for Order, FL-320</li><li>• Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665</li><li>• Proof of Service By Mail, FL-335</li></ul>  |
| <b>Optional Forms:</b>     | This form is needed only if the Request for Order includes a request for support or attorney's fees: <ul style="list-style-type: none"><li>• Income and Expense Declaration, FL-150</li></ul>   |
| <b>Filing Fee:</b>         | None.   |
| <b>Copies:</b>             | Make two copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.  |
| <b>Before you File:</b>    | A copy of the completed Responsive Declaration must be served on the party that filed the Request for Order before it can be filed with the court.  |
| <b>Filing:</b>             | All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)<br><br>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.<br><br>Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person. |
| <b>Next Steps:</b>         | Attend the hearing on the date and time and at the location listed on the Request for Order.<br><br>If you will need an interpreter at the hearing, please call (916) 875-2620 at least 10 days before the hearing. You will be asked to provide your name, case number, and the language needed.   |

|  |                           |
|--|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:  |                           |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY:  |                           |
| <b>RESPONSIVE DECLARATION TO REQUEST FOR ORDER</b>   |                           |
| HEARING DATE: TIME: DEPARTMENT OR ROOM:  |                           |
| CASE NUMBER:   |                           |

Read *Information Sheet: Responsive Declaration to Request for Order* ([form FL-320-INFO](#)) for more information about this form.

1.  **RESTRAINING ORDER INFORMATION**
  - a.  No domestic violence restraining/protective orders are now in effect between the parties in this case.
  - b.  I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.
  
2.  **CHILD CUSTODY**  
 **VISITATION (PARENTING TIME)**
  - a.  I consent to the order requested for child custody (legal and physical custody).
  - b.  I consent to the order requested for visitation (parenting time).
  - c.  I do not consent to the order requested for  child custody  visitation (parenting time)  
 but I consent to the following order:
  
3.  **CHILD SUPPORT**
  - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* ([form FL-155](#)) to support my responsive declaration.
  - b.  I consent to the order requested.
  - c.  I consent to guideline support.
  - d.  I do not consent to the order requested  but I consent to the following order:
  
4.  **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
  - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
  - b.  I consent to the order requested.
  - c.  I do not consent to the order requested  but I consent to the following order:

|   |              |
|---|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

5.  PROPERTY CONTROL
- a.  I consent to the order requested.
- b.  I do not consent to the order requested  but I consent to the following order:
- 
6.  ATTORNEY'S FEES AND COSTS
- a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
- c.  I consent to the order requested.
- d.  I do not consent to the order requested  but I consent to the following order:
- 
7.  DOMESTIC VIOLENCE ORDER
- a.  I consent to the order requested.
- b.  I do not consent to the order requested  but I consent to the following order:
- 
8.  OTHER ORDERS REQUESTED
- a.  I consent to the order requested.
- b.  I do not consent to the order requested  but I consent to the following order:
- 
9.  TIME FOR SERVICE / TIME UNTIL HEARING
- a.  I consent to the order requested.
- b.  I do not consent to the order requested  but I consent to the following order:
- 
10.  FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission.  [Attachment 10.](#)

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)

u

\_\_\_\_\_

(SIGNATURE OF DECLARANT)

# CONFIDENTIAL

|   |                           |
|---|---------------------------|
| <b>CASE PARTICIPANT</b><br>NAME: _____ STATE BAR NO: _____<br>FIRM NAME: _____<br>ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP CODE: _____<br>E-MAIL ADDRESS: <i>(must be legible)</i> _____ TELEPHONE NO.: _____<br>ATTORNEY FOR <i>(Name)</i> : _____ FAX NO. <i>(Optional)</i> : _____ | <b>FOR COURT USE ONLY</b> |
| NAME OF COURT: _____<br>STREET ADDRESS: _____<br>MAILING ADDRESS: _____<br>CITY AND ZIP CODE: _____<br>BRANCH NAME: _____   |                           |
| PETITIONER/PLAINTIFF: _____<br>RESPONDENT/DEFENDANT: _____<br>CLAIMANT: _____   |                           |
| <b>FAMILY LAW CASE PARTICIPANT ENROLLMENT FORM<br/>PARTY</b>  | CASE NUMBER: _____        |

You may access some Findings and Orders After Hearing for law and motion hearings, and mediation reports prepared by Family Court Services on or after January 26, 2015 using the court's online Public Case Access System. Free access is available for 72 hours from the time the order is issued or the report is prepared, or from the time the court creates your case subscription. After 72 hours, you may still access but you will be required to pay for copies of orders and reports.

## INSTRUCTIONS

To setup your account you must:

- File this form with the court and be prepared to show your **driver license or a state or federal issued photo identification card**.
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your Family Law case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.
- You must also complete and file this form, with a copy of your driver license, if you wish to **unsubscribe** to your Family Law case.

I, \_\_\_\_\_, request the court create an account and/or subscription to my Family Law case. I declare that my private email address is *(must be legible)*:

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3 and 8's).

I would like to unsubscribe from my case and have attached a copy of my driver license, state or federal issued photo identification.

I understand, if I change my email address I must file a new enrollment form with the court.

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order, I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (petitioner/respondent/claimant) and their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

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)

|  |   |
|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):<br><br><hr style="width: 10%; margin-left: 0;"/><br><br>TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____<br>E-MAIL ADDRESS ( <i>Optional</i> ): _____<br>ATTORNEY FOR ( <i>Name</i> ): _____ | <b>FOR COURT USE ONLY</b>   |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:  |   |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY:  | CASE NUMBER:<br><br>(If applicable, provide):<br>HEARING DATE:<br>HEARING TIME:<br>DEPT.: |
| <b>PROOF OF SERVICE BY MAIL</b>  |   |

**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<br>STATE BAR NUMBER:<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name):   | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento</b><br>STREET ADDRESS: 3341 Power Inn Road<br>MAILING ADDRESS: 3341 Power Inn Road<br>CITY AND ZIP CODE: Sacramento, CA 95814<br>BRANCH NAME: William R. Ridgeway Family Relations Courthouse |                           |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT:  |                           |
| <b>INCOME AND EXPENSE DECLARATION</b>   | 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:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> 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: \_\_\_\_\_

|                               |  |                                   |
|-------------------------------|--|-----------------------------------|
| _____<br>(TYPE OR PRINT NAME) |  | _____<br>(SIGNATURE OF DECLARANT) |
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|--|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**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.

|  |              |
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| PETITIONER:<br>RESPONDENT:<br>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

|  |   |
|--|---|
| <p><b>a. Home:</b></p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p>    If mortgage:</p> <p>        (a) average principal:    \$ _____</p> <p>        (b) average interest:    \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p><b>b. Health-care costs not paid by insurance.....</b> \$ _____</p> <p><b>c. Child care.....</b> \$ _____</p> <p><b>d. Groceries and household supplies.....</b> \$ _____</p> <p><b>e. Eating out.....</b> \$ _____</p> <p><b>f. Utilities (gas, electric, water, trash).....</b> \$ _____</p> <p><b>g. Telephone, cell phone, and e-mail.....</b> \$ _____</p> | <p><b>h. Laundry and cleaning.....</b> \$ _____</p> <p><b>i. Clothes.....</b> \$ _____</p> <p><b>j. Education.....</b> \$ _____</p> <p><b>k. Entertainment, gifts, and vacation.....</b> \$ _____</p> <p><b>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.).....</b> \$ _____</p> <p><b>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).....</b> \$ _____</p> <p><b>n. Savings and investments.....</b> \$ _____</p> <p><b>o. Charitable contributions.....</b> \$ _____</p> <p><b>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).....</b> \$ _____</p> <p><b>q. Other (specify):</b> \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____</p> </div> <p><b>s. Amount of expenses paid by others</b> \$ _____</p> |
|--|---|

**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:

|                               |                                   |
|-------------------------------|-----------------------------------|
| _____<br>(TYPE OR PRINT NAME) | _____<br>(SIGNATURE OF DECLARANT) |
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| PETITIONER:<br>RESPONDENT:<br>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)*:**