



Judicial Council of California

455 Golden Gate Avenue · San Francisco, California 94102-3688

www.courts.ca.gov

REPORT TO THE JUDICIAL COUNCIL

Item No.: 24-111

For business meeting on July 12, 2024

Title

Rules and Forms: Miscellaneous Technical Changes

Agenda Item Type

Action Required

Effective Date

September 1, 2024

Rules, Forms, Standards, or Statutes Affected

Revise forms FL-150, SV-800, and WV-800

Date of Report

June 18, 2024

Recommended by

Judicial Council staff

Anne M. Ronan, Supervising Attorney

Legal Services

Contact

Anne M. Ronan, 415-865-8933

anne.ronan@jud.ca.gov

Executive Summary

Various members of the judicial branch, members of the public, and Judicial Council staff have identified errors in the Judicial Council forms resulting from input errors, as well as minor changes needed to conform to changes in law or previous council actions. Judicial Council staff recommend making the necessary corrections to ensure that the forms conform to the law and to avoid causing confusion for court users, clerks, and judicial officers.

Recommendation

Judicial Council staff recommend that the council, effective September 1, 2024;

1. Revise *Income and Expense Declaration* (form FL-150) to change the form's signature line (following item 15) to be for signature of an attorney. The form was previously approved by the council to expressly require the attorney's signature, but the word "attorney" was inadvertently replaced with "declarant" when the form was last revised, leading to an ambiguity in the form;
2. Revise *Receipt for Firearms and Firearm Parts* (form SV-800) to renumber the items on the form as two items were inadvertently given the same number; and

3. Revise *Receipt for Firearms and Firearm Parts* (form WV-800) to renumber the items on the form as two items were inadvertently given the same number.

The revised forms are attached at pages 3–12.

Relevant Previous Council Action

The Judicial Council has acted on these forms previously. This proposal addresses minor corrections of items that were inadvertently or incorrectly included in the prior action.

Analysis/Rationale

The changes to these forms are technical in nature and correct inadvertent errors or incorrect references. They are needed to ensure that the forms are correct and conform to the law.

Policy implications

There are no policy implications to this proposal.

Comments

This proposal was not circulated for public comment because the changes are nonsubstantive technical changes or corrections and are therefore within the Judicial Council’s purview to adopt without circulation. (See Cal. Rules of Court, rule 10.22(d)(2).)

Alternatives considered

None.

Fiscal and Operational Impacts

Operational impacts are expected to be minor. The proposed revisions may result in reproduction costs if courts provide hard copies of any of the forms recommended for revision. Because the proposed changes are technical corrections, case management systems are unlikely to need updating to implement them.

Attachments and Links

1. Forms FL-150, SV-800, and WV-800, at pages 3–12

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 <div style="background-color: yellow; padding: 10px; text-align: center;"> DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL V 10/02/2023 </div>
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) <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: _____

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: 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.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

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) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal: \$ _____ (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..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ 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): \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> 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)

Clerk stamps date here when form is filed.

DRAFT
2024-05-10
Not approved by
the Judicial Council

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

- 1** **Petitioner (Educational Institution Officer or Employee)**
Name: _____
- 2** **Student in Need of Protection**
Full Name: _____
- 3** **Respondent (Person From Whom Protection Is Sought)**
Your Name: _____
Your Lawyer (if you have one for this case):
Name: _____ State Bar No.: _____
Firm Name: _____
Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.):
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

4 To the Respondent:
If a judge has ordered you to turn in, sell, or store your firearms (guns) and firearm parts—meaning receivers, frames, or any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531)—use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete item **5** or **6**. For more information on how to properly turn in your items, read form SV-800-INFO, *How Do I Turn In, Sell, or Store My Firearms and Firearm Parts?*

5 To Law Enforcement

(Complete the section below. Keep a copy and give the original to the person in **3**.)

Name of Law Enforcement Agency: _____
 Name of Law Enforcement Agent: _____
 Address: _____
 Telephone: _____ Email Address: _____

Items Surrendered

- a. Firearms and firearm parts transferred on:
Date: _____ Time: _____ a.m. p.m.
- b. List of items (List all the items surrendered by the person in **3**). You may attach a separate form from your agency (e.g., a property report), use item **7**, or both. Check below if you have attached a separate form):
 Separate form is attached. (If it does not include all surrendered items, list additional items in item **7**.)

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

Signature of law enforcement agent: _____



6

To Licensed Gun Dealer

(Complete the section below. Keep a copy and give the original to the person in ③.)

Name of Licensed Gun Dealer: _____

License number: _____

Address: _____

Telephone: _____ Email Address: _____

Items Stored or Sold

a. Firearms and firearm parts transferred on:

Date: _____ Time: _____ a.m. p.m.

b. List of items (List all the items surrendered by the person in ③. You may attach a separate form (e.g., Department of Justice's Report of Firearms Acquisition) or you may use item ⑦. Check below if you have attached a separate form):

Separate form is attached. (If it does not include all surrendered items, list additional items in item ⑦.)

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

▶ Signature of licensed gun dealer: _____

7

List of Items Surrendered

Firearms and firearm parts

	Make	Model	Serial Number, if there is one	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items. Write "SV-800, item 7" at the top, and attach it to this form.

8 To the Restrained Person:

Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns) or firearm parts?

No

Yes (If yes, check one of the boxes below:)

a. I filed a *Receipt for Firearms and Firearm Parts* (form SV-800) or other proof for those items with the court on (date): _____

b. I am filing the proof for those firearms (guns) or firearm parts along with this proof.

c. I have not yet filed the proof for the other firearms (guns) or firearm parts.
(Explain why not):

Your signature

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

Date: _____

Type or print your name

Sign your name

Your Next Steps

- After the form is complete, make two additional copies. Take the copies and original to the court clerk to file.
- Keep a copy for yourself.

Note that failure to file a receipt with the court is a violation of the court's order.

Clerk stamps date here when form is filed.

**DRAFT
2024-05-10
Not approved by
the Judicial Council**

1 Petitioner (Employer)

Name: _____

2 Employee in Need of Protection

Full Name: _____

3 Respondent (Person From Whom Protection Is Sought)

Your Name: _____

Your Lawyer (if you have one for this case):

Name: _____ State Bar No.: _____

Firm Name: _____

Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

4 To the Respondent:

If a judge has ordered you to turn in, sell, or store your firearms (guns) and firearm parts—meaning receivers, frames, or any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531)—use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete item 5 or 6. For more information on how to properly turn in your items, read form SV-800-INFO, *How Do I Turn In, Sell, or Store My Firearms and Firearm Parts?*

5 To Law Enforcement

(Complete the section below. Keep a copy and give the original to the person in 3.)

Name of Law Enforcement Agency: _____

Name of Law Enforcement Agent: _____

Address: _____

Telephone: _____ Email Address: _____

Items Surrendered

a. Firearms and firearm parts transferred on:

Date: _____ Time: _____ a.m. p.m.

b. List of items (List all the items surrendered by the person in 3. You may attach a separate form from your agency (e.g., a property report), use item 7, or both. Check below if you have attached a separate form):

Separate form is attached. (If it does not include all surrendered items, list additional items in item 7.)

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

Signature of law enforcement agent: _____



6

To Licensed Gun Dealer

(Complete the section below. Keep a copy and give the original to the person in ③.)

Name of Licensed Gun Dealer: _____

License number: _____

Address: _____

Telephone: _____ Email Address: _____

Items Stored or Sold

a. Firearms and firearm parts transferred on:

Date: _____ Time: _____ a.m. p.m.

b. List of items (List all the items surrendered by the person in ③. You may attach a separate form (e.g., Department of Justice’s Report of Firearms Acquisition) or you may use item ⑦. Check below if you have attached a separate form):

Separate form is attached. (If it does not include all surrendered items, list additional items in item ⑦.)

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

▶ Signature of licensed gun dealer: _____

7

List of Items Surrendered

Firearms and firearm parts	Serial Number, if there is one	Sold	Stored	To be destroyed
Make	Model			
(1) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items. Write “WV-800, item 7” at the top, and attach it to this form.

8 To the Restrained Person:

Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns) or firearm parts?

No

Yes (If yes, check one of the boxes below):

a. I filed a *Receipt for Firearms and Firearm Parts* (form WV-800) or other proof for those items with the court on (date): _____

b. I am filing the proof for those firearms (guns) or firearm parts along with this proof.

c. I have not yet filed the proof for the other firearms (guns) or firearm parts.
(Explain why not):

Your signature

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

Date: _____

Type or print your name



Sign your name

Your Next Steps

- After the form is complete, make two additional copies. Take the copies and original to the court clerk to file.
- Keep a copy for yourself.

Note that failure to file a receipt with the court is a violation of the court's order.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

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*):