

Monthly Income Report

NAME: _____

COURT CASE#: _____

ADDRESS: _____

DCSS#: _____

PHONE: _____

Declaration of income for month of:

(circle applicable month) Jan/Feb/Mar/Apr/May/June/July/Aug/Sept/Oct/Nov/Dec

The court has issued an order requiring you to complete declaration of your income each month. There are two sides to this form. (See reverse.) The report must be *received* by the Department of Child Support Services (DCSS), by the 10th day of each month, unless the court specifies otherwise.

Mail your monthly income reports to to:

**Department of Child Support Services
P.O. Box 1841
Santa Cruz, CA 95061**

Make several copies of this report since DCSS will not send you a new form each month. Also, keep a copy of your completed report for your records before sending it to DCSS. Call DCSS, if you are unable to complete the form. (866) 901-3212. If the court has appointed a public defender on your behalf, contact your public defender.

DCSS may ask the court to find you in *contempt* if you fail to timely submit it to DCSS. In contempt proceedings, the court may impose a sentence of up to five days in jail or order community service for each month you fail to timely submit a completed monthly income report.

If the monthly income report is a condition of probation, your failure to timely submit the reports may result in revocation of probation and imposition of sentence.

NAME OF EMPLOYER (If self-employed, indicate "self.")	ADDRESS OF EMPLOYER (If self-employed, indicate name of person(s) you worked for.)	PHONE NUMBER OF PERSON WHO YOU WORKED FOR	DATES YOU WORKED	HOW MUCH DID YOU EARN FROM THIS EMPLOYER (rate per hour/hours per week/total amount)	Were you paid by check or cash. If paid by check, attach a copy of the check to this report.
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash

CONTINUE ON REVERSE SIDE

(Family Code Section 4505)

MONTHLY INCOME REPORT

PAGE 2

NAME OF EMPLOYER (If self-employed, indicate "self.")	ADDRESS OF EMPLOYER (If self-employed, indicate name of person(s) you worked for.)	PHONE NUMBER OF PERSON WHO HIRED YOU	DATES YOU WORKED	HOW MUCH DID YOU EARN (rate per hour/hours per week/total amount)	Were you paid you paid by check or cash. If paid by check, attach a copy of the check to this report.
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
					<input type="checkbox"/> Check <input type="checkbox"/> Cash
Loans made to you (list amount, date loaned, and name of person who loaned you the money).	Gifts (list what was given to you, date it was given, and name of person (s) who gave it to you).	List any other income, date received, and how you got it.	Bills paid on your behalf (list who bill was owed to and who paid it for you).	Housing provided to you (name of person who provided you with free or discounted housing). Address:	Cell phone provided to you (name of person who is paying for your cell phone service). Phone number:

I declare under penalty of perjury that the foregoing is true and correct. Executed on (date) _____ at (city) _____,

Signature: _____ Printed Name: _____