

DV-100**Request for Domestic Violence Restraining Order**

You must also complete Form CLETS-001, Confidential CLETS Information, and give it to the clerk when you file this Request.

1 Name of Person Asking for Protection:

Dezarae Lynn Payne Age: 37

Your lawyer in this case (if you have one):

Name: Self-Represented State Bar No.: _____

Firm Name: _____

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: 3565 La Ciotat Way

City: Riverside State: CA Zip: 92501

Telephone: (406) 698-2964 Fax: _____

E-Mail Address: _____

2 Name of Person You Want Protection From:

Harold Paul Payne

Description of person you want protection from:

Sex: ☒ M ☐ F Height: 6' 2" Weight: 260 lbs. Hair Color: Grey Eye Color: Brown

Race: White Age: 59 Date of Birth: 12/17/1958

Address (if known): 3565 La Ciotat Way

City: Riverside State: CA Zip: 92501

3 Do you want an order to protect family or household members? ☒ Yes ☐ No

If yes, list them:

| Full name | Sex | Age | Lives with you? | Relationship to you |
|------------|-----|------------|---|---------------------|
| [REDACTED] | ♂ | [REDACTED] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Daughter |
| [REDACTED] | ♂ | [REDACTED] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Son |
| [REDACTED] | ♂ | [REDACTED] | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Daughter |

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Protected People" for a title.

4 What is your relationship to the person in 2? (Check all that apply):

- a. ☒ We are now married or registered domestic partners.
- b. ☐ We used to be married or registered domestic partners.
- c. ☒ We live together.
- d. ☐ We used to live together.
- e. ☐ We are related by blood, marriage, or adoption (specify relationship): _____
- f. ☐ We are dating or used to date, or we are or used to be engaged to be married.
- g. ☐ We are the parents together of a child or children under 18:

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Additional Children" for a title.

- h. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. (Attach a copy if you have one).

This is not a Court Order.

Clerk stamps date here when form is filed.

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

JUN 04 2018

S. Anderson

Fill in court name and street address:

Superior Court of California, County of RIVERSIDE

4175 Main Street

Riverside, CA 92501

Riverside Family Law Court

Court fills in case number when form is filed.

Case Number:

RID 1802196

BPM
JUN 05 2018
CA



5 Other Restraining Orders and Court Cases

- a. Are there any restraining/protective orders currently in place OR that have expired in the last six months (emergency protective orders, criminal, juvenile, family)?

☒ No ☐ Yes (date of order): _____ and (expiration date): _____ (Attach a copy if you have one).

- b. Have you or any other person named in (3) been involved in another court case with the person in (2)?

☒ No ☐ Yes If yes, check each kind of case and indicate where and when each was filed:

| Kind of Case | County or Tribe Where Filed | Year Filed | Case Number (if known) |
|--|-----------------------------|------------|------------------------|
| <input type="checkbox"/> Divorce, Nullity, Legal Separation | _____ | _____ | _____ |
| <input type="checkbox"/> Civil Harassment | _____ | _____ | _____ |
| <input type="checkbox"/> Domestic Violence | _____ | _____ | _____ |
| <input type="checkbox"/> Criminal | _____ | _____ | _____ |
| <input type="checkbox"/> Juvenile, Dependency, Guardianship | _____ | _____ | _____ |
| <input type="checkbox"/> Child Support | _____ | _____ | _____ |
| <input type="checkbox"/> Parentage, Paternity | _____ | _____ | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Court Cases" for a title. | | | |

Check the orders you want. ☒**6 ☒ Personal Conduct Orders**

I ask the court to order the person in (2) not to do the following things to me or anyone listed in (3):

- a. ☒ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, impersonate (on the Internet, electronically or otherwise), or block movements
- b. ☒ Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail or e-mail or other electronic means

The person in (2) will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.

7 ☒ Stay-Away Order

- a. I ask the court to order the person in (2) to stay at least 100 _____ yards away from (check all that apply):

☒ Me ☒ My school
☒ My home ☒ Each person listed in (3)
☒ My job or workplace ☒ The child(ren)'s school or child care
☒ My vehicle ☐ Other (specify): _____

- b. If the person listed in (2) is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, workplace, or vehicle? ☐ Yes ☒ No (If no, explain): _____
 I am requesting a move out order

8 ☒ Move-Out Order

(If the person in (2) lives with you and you want that person to stay away from your home, you must ask for this move-out order.)

I ask the court to order the person in (2) to move out from and not return to (address):
 3565 La Ciotat Way, Riverside, CA 92501

I have the right to live at the above address because (explain):
 See Attachment: DV-100, Item 8 - Move-Out Order

This is not a Court Order.

9 Guns or Other Firearms or Ammunition

I believe the person in (2) owns or possesses guns, firearms, or ammunition. ☒ Yes ☐ No ☐ I don't know
 If the judge approves the order, the person in (2) will be ordered not to own, possess, purchase, or receive a firearm or ammunition. The person will be ordered to sell to, or store with, a licensed gun dealer, or turn in to law enforcement, any guns or firearms that he or she owns or possesses. Description and location of the weapon(s):

multiple firearms Hunting rifles: .243 .223, .50

10 ☒ Record Unlawful Communications

I ask for the right to record communications made to me by the person in (2) that violate the judge's orders. BMG, Pistols GMM, FMK, .45, shotguns.

11 ☒ Care of Animals

I ask for the sole possession, care, and control of the animals listed below. I ask the court to order the person in (2) to stay at least 100 yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals:

Jackson- Pit Rhodesian; Hamster- Gizmo

I ask for the animals to be with me because:

The hamster belongs to my daughter and Jackson belonged to me before marrying Harold Paul Payne

12 ☐ Child Custody and Visitation

a. ☐ I do not have a child custody or visitation order and I want one.

b. ☐ I have a child custody or visitation order and I want it changed.

If you ask for orders, you must fill out and attach Form DV-105, Request for Child Custody and Visitation Orders.

You and the other parent may tell the court that you want to be legal parents of the children (use Form DV-180, Agreement and Judgment of Parentage).

13 ☐ Child Support (Check all that apply):

a. ☐ I do not have a child support order and I want one.

b. ☐ I have a child support order and I want it changed.

c. ☐ I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.

If you ask for child support orders, you must fill out and attach form FL-150, Income and Expense Declaration or Form FL-155, Financial Statement (Simplified).

14 ☒ Property Control

I ask the court to give *only* me temporary use, possession, and control of the property listed here:

2000 Ford Focus

15 ☒ Debt Payment

I ask the court to order the person in (2) to make these payments while the order is in effect:

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Debt Payment" for a title.

Pay to: Ashford University For: School Amount: \$ 1,635 Due date: 4th of every month

16 ☒ Property Restraint

I am married to or have a registered domestic partnership with the person in (2). I ask the judge to order that the person in (2) not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in (2) to notify me of any new or big expenses and to explain them to the court.

17 ☒ Spousal Support

I am married to or have a registered domestic partnership with the person in (2) and no spousal support order exists. I ask the court to order the person in (2) to pay spousal support. (You must complete, file, and serve Form FL-150, Income and Expense Declaration, before your hearing).

This is not a Court Order.

18 ☐ **Rights to Mobile Device and Wireless Phone Account****a.** ☐ **Property control of mobile device and wireless phone account**

I ask the court to give **only** me temporary use, possession, and control of the following mobile devices: _____ and the wireless phone account for the following wireless phone numbers because the account currently belongs to the person in **(2)**:

(including area code): _____ ☐ my number ☐ number of child in my care

(including area code): _____ ☐ my number ☐ number of child in my care

(including area code): _____ ☐ my number ☐ number of child in my care

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Rights to Mobile Device and Wireless Phone Account" for a title.

b. ☐ **Debt Payment**

I ask the court to order the person in **(2)** to make the payments for the wireless phone accounts listed in 18a because:

Name of the wireless service provider is: _____ Amount: \$ _____ Due Date: _____

If you are requesting this order, you must complete, file, and serve Form FL-150, Income and Expense Declaration, before your hearing.

c. ☐ **Transfer of Wireless Phone Account**

I ask the court to order the wireless service provider to transfer the billing responsibility and rights to the wireless phone numbers listed in 18a to me because the account currently belongs to the person in **(2)**.

If the judge makes this order, you will be financially responsible for these accounts, including monthly service fees and costs of any mobile devices connected to these phone numbers. You may be responsible for other fees. You must contact the wireless service provider to find out what fees you will be responsible for and whether you are eligible for an account.

19 ☒ **Insurance**

I ask the court to order the person in **(2)** NOT to cash, borrow against, cancel, transfer, dispose of, or change the beneficiaries of any insurance or coverage held for the benefit of me or the person in **(2)**, or our child(ren), for whom support may be ordered, or both.

20 ☐ **Lawyer's Fees and Costs**

I ask that the person in **(2)** pay some or all of my lawyer's fees and costs.

You must complete, file, and serve form FL-150, Income and Expense Declaration, before your hearing.

21 ☐ **Payments for Costs and Services**

I ask the court to order the person in **(2)** to pay the following:

*You can ask for lost earnings or your costs for services caused directly by the person in **(2)** (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing.*

Pay to: _____ For: _____ Amount: \$ _____

Pay to: _____ For: _____ Amount: \$ _____

22 ☐ **Batterer Intervention Program**

I ask the court to order the person listed in **(2)** to go to a 52-week batterer intervention program and show proof of completion to the court.

23 ☐ **Other Orders**

What other orders are you asking for? _____

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Orders" for a title.

This is not a Court Order.

24 ☐ **Time for Service (Notice)**

The papers must be personally served on the person in (2) at least five days before the hearing, unless the court orders a shorter time for service. If you want there to be fewer than five days between service and the hearing, explain why below. For help, read Form DV-200-INFO, "What Is Proof of Personal Service"?

25 **No Fee to Serve (Notify) Restrained Person**

If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk what you need to do.

26 **Court Hearing**

The court will schedule a hearing on your request. If the judge does not make the orders effective right away ("temporary restraining orders"), the judge may still make the orders after the hearing. If the judge does not make the orders effective right away, you can ask the court to cancel the hearing. Read form DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*, for more information.

27 **Describe Abuse**

Describe how the person in (2) abused you. Abuse means to intentionally or recklessly cause or attempt to cause bodily injury to you; or to place you or another person in reasonable fear of imminent serious bodily injury; or to harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, keep you under surveillance, impersonate (on the Internet, electronically or otherwise), batter, telephone, or contact you; or to disturb your peace; or to destroy your personal property. (For a complete definition, see Fam. Code, §§ 6203, 6320.)

a. Date of most recent abuse: 6/3/2018

1. Who was there? Dezarae, [REDACTED], [REDACTED] and Harold Paul Payne

2. Describe how the person in (2) abused you or your child(ren):

See Attached Declaration (DV-100, Item 27 - Recent Abuse)

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Recent Abuse" for a title.

3. Did the person in (2) use or threaten to use a gun or any other weapon? ☒ No ☐ Yes (If yes, describe):

See Attached Declaration (DV-100, Item 27 - Recent Abuse)

4. Describe any injuries: See Attached Declaration (DV-100, Item 27 - Recent Abuse)

5. Did the police come? ☐ No ☒ Yes

If yes, did they give you or the person in (2) an Emergency Protective Order? ☐ Yes ☒ No ☐ I don't know

Attach a copy if you have one.

The order protects ☐ you or ☐ the person in (2)

This is not a Court Order.



(27) Describe Abuse (continued)

Has the person in (2) abused you (or your child(ren)) other times?

b. Date of abuse: 6/2/2018

1. Who was there? _____

2. Describe how the person in (2) abused you or your child(ren):

See Attached Declaration (DV-100, Item 27 - Recent Abuse)

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Recent Abuse" for a title.

3. Did the person in (2) use or threaten to use a gun or any other weapon? ☒ No ☐ Yes (If yes, describe):

See Attached Declaration (DV-100, Item 27 - Recent Abuse)

4. Describe any injuries: _____

See Attached Declaration (DV-100, Item 27 - Recent Abuse)

5. Did the police come? ☒ No ☐ Yes

If yes, did they give you or the person in (2) an Emergency Protective Order?

☐ Yes ☐ No ☐ I don't know Attach a copy if you have one.

The order protects ☐ you or ☐ the person in (2)

If the person in (2) abused you other times, check here ☒ and use Form DV-101, Description of Abuse or describe any previous abuse on an attached sheet of paper and write "DV-100, Previous Abuse" for a title.

(28) Other Persons to Be Protected

The persons listed in item (3) need an order for protection because (describe): Harold Paul Payne is verbally abusive towards them he will mock them, scream at them until he makes them cry. As well, they are not his children

(29) Number of pages attached to this form, if any: _____

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

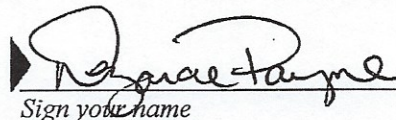
Date: June 4, 2018

Dezarae Lynn Payne

Type or print your name

Date: _____

Lawyer's name, if you have one


Sign your name

Lawyer's signature

This is not a Court Order.

| | |
|-----------------------------|------------------------------------|
| SHORT TITLE: Payne v. Payne | CASE NUMBER: RID 1802196 |
|-----------------------------|------------------------------------|

ATTACHMENT (Number): Item 8 - Move-Out Order

(This Attachment may be used with any Judicial Council form.)
Attachment to Form DV-100 (Request for Order)

I live here with my kids and it is the only place that we have resided and do not have any other resources.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)

SHORT TITLE: Payne v. Payne

CASE NUMBER

RID 1802196

ATTACHMENT (Number): Item 14 - Property Control*(This Attachment may be used with any Judicial Council form.)***Attachment to Form DV-100 (Request for Order)**

I ask the court to give only me temporary use, possess, and control of the following property: 2000 Ford Focus.

I ask the court to give me temporary use, possession and control of the property for the following reasons: it is our only means of transportation for the children and I.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

SHORT TITLE: Payne v. Payne

CASE NUMBER:

RID 1802196

ATTACHMENT (Number): Item 15 - Debt Payment*(This Attachment may be used with any Judicial Council form.)*

Attachment to Form DV-100 (Request for Order)

He had previously agreed to pay them. My school payment is detrimental in order to complete my schooling here and obtain a job

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

SHORT TITLE: Payne v. Payne

CASE NUMBER:

RID 1802196

ATTACHMENT (Number): 27

(This Attachment may be used with any Judicial Council form.)
Attachment to Form DV-100 (Request for Order)

Most Recent Incident:**Date of Abuse:** 6/3/2018

Who was there? Dezarae, [REDACTED], [REDACTED] and Harold Paul Payne. [REDACTED] and [REDACTED] witnessed the abuse.

What happened just before the abuse started?**What did Harold Paul Payne do to you?**

See 1 in Addendum

What did Harold Paul Payne say to you?**Did Harold Paul Payne send you any text messages, instant messages, email, or voicemail messages?****Did Harold Paul Payne use a gun or other weapons OR threaten to use a gun or other weapons?**

Did the Police come? The Police came and took the following actions: I talked to them at Del taco, they escorted me to my home to get personal belonging. They encouraged that I did not stay in the home.

Were you injured?**Did Harold Paul Payne damage your property?****Are there any photographs?**

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

| | |
|-----------------------------|--------------|
| SHORT TITLE: Payne v. Payne | CASE NUMBER: |
|-----------------------------|--------------|

ATTACHMENT (Number): 27

RID 1802196

(This Attachment may be used with any Judicial Council form.)

Attachment to Form DV-100 (Request for Order)

Second Most Recent Incident:

Date of Abuse: 6/2/2018

Who was there? Dezarae, [REDACTED], [REDACTED] and Harold Paul Payne. [REDACTED], [REDACTED] witnessed the abuse.

What happened just before the abuse started?

What did Harold Paul Payne do to you?

Harold Paul Payne did the following things to me: I was sitting on the couch and Paul came and stood over me. Paul said that I dress like a whore, he tell me I need to give him my child support; that am suppose to get from my children's father. He demanded that I give it to him by sending me harassing emails and I had to block him. He threatens to change the house door locks if we leave.

What did Harold Paul Payne say to you?

Did Harold Paul Payne send you any text messages, instant messages, email, or voicemail messages?

Did Harold Paul Payne use a gun or other weapons OR threaten to use a gun or other weapons?

Did the Police come?

Were you injured?

Did Harold Paul Payne damage your property?

Are there any photographs?

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

| | |
|-----------------------------|------------------------------------|
| SHORT TITLE: Payne v. Payne | CASE NUMBER: RID 1802196 |
|-----------------------------|------------------------------------|

ATTACHMENT (Number): 27

(This Attachment may be used with any Judicial Council form.)

Attachment to Form DV-100 (Request for Order)

Third Most Recent Incident:**Date of Abuse:** May 2018**Who was there?****What happened just before the abuse started?****What did Harold Paul Payne do to you?**

See 2 in Addendum

What did Harold Paul Payne say to you?**Did Harold Paul Payne send you any text messages, instant messages, email, or voicemail messages?****Did Harold Paul Payne use a gun or other weapons OR threaten to use a gun or other weapons?****Did the Police come?****Were you injured?****Did Harold Paul Payne damage your property?****Are there any photographs?**

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

SHORT TITLE: Payne v. Payne

CASE NUMBER:

RID 1802196

ATTACHMENT (Number): 27

(This Attachment may be used with any Judicial Council form.)

Attachment to Form DV-100 (Request for Order)

Fourth Most Recent Incident:**Date of Abuse:** May 2018**Who was there?** Dezarae and Harold Paul Payne.**What happened just before the abuse started?****What did Harold Paul Payne do to you?**

Harold Paul Payne did the following things to me: I was talking in the phone, Paul was yelling, I could hear him coming towards the room. I went to the door to shut it. He shoved the door open. He shoved it so hard that the door flew back it hit my arm and knocked me back into some box of clothes that we had in our room.

What did Harold Paul Payne say to you?**Did Harold Paul Payne send you any text messages, instant messages, email, or voicemail messages?****Did Harold Paul Payne use a gun or other weapons OR threaten to use a gun or other weapons?****Did the Police come?****Were you injured?** The injuries were to: right arm. I was injured in the following way: bruised.**Did Harold Paul Payne damage your property?****Are there any photographs?** Britian Baxter took photographs. The pictures show: Bruised right arm. The pictures were taken: The next morning following the incident.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page ____ of ____

(Add pages as required)

SHORT TITLE: Payne v. Payne

CASE NUMBER:

RID 1802196

ATTACHMENT (Number): 27

(This Attachment may be used with any Judicial Council form.)

Attachment to Form DV-100 (Request for Order)

Fifth Most Recent Incident:**Date of Abuse:** April 2018**Who was there?** Dezarae Payne and Harold Paul Payne.**What happened just before the abuse started?****What did Harold Paul Payne do to you?**

See 3 in Addendum

What did Harold Paul Payne say to you?**Did Harold Paul Payne send you any text messages, instant messages, email, or voicemail messages?****Did Harold Paul Payne use a gun or other weapons OR threaten to use a gun or other weapons?****Did the Police come?****Were you injured?****Did Harold Paul Payne damage your property?****Are there any photographs?***(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page _____ of _____

(Add pages as required)

Addendum

1. Harold Paul Payne did the following things to me: Paul chased us through Riverside and into Colton in the afternoon, repeatedly used a separate key to open the trunk so we could not leave. Had to have an office escort us home and spent the night in a hotel. Earlier, he took Finley's dolls out of my car and locked them in his car so I had to beg for them. He informed me that he will not pay the car registration that is due in 4 days (to keep me at the house) He woke me up at 3 A.M. to ask about kids books, told me he was not going to let me sleep until I told him where they were, repeatedly groped my leg after I told him not to. He once again woke me up at 7 AM and asked me if he hired a prostitute if he should bring her to the house. There are weeks when we will wake me up 7 times in one night so that I can not sleep.
2. Harold Paul Payne did the following things to me: Paul controls the money that I am allowed to have, I had saved up money to get my cars A/C repaired. I drove out to the city of Redlands where Paul showed up to. He did not allow the mechanic to fix the A/C in my car because I had not asked permission first (I had saved my allowance) accused the mechanic of sleeping with me. Paul caused a scene at the mechanic shop and yelled at me while I waited at Carls JR. The mechanic refused to fix my car, when we arrived home Paul continued to yell at me and accuse me.
3. Harold Paul Payne did the following things to me: I told Paul that I was going to go have lunch with a friend. Paul got upset because I did not ask him for permission. Paul then ranted off and said once again that I dressed like a whore and was not allowed to leave the house. I grabbed the laptop held it to my chest, held it tight and told him that I was not going to give it back until he apologized for calling me a whore. I ran to our bedroom where he chased me, he pushed me onto the bed. Once I was on the bed he lifted me up by the arms around the computer and dropped me several times. He only stopped when I looked up at him and asked, " Do you really want to do this, Paul?"





| | | |
|---|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Dezaræ Lynn Payne 3565 La Ciotat Way Riverside, CA 92501 TELEPHONE NO.: 406-698-2964 E-MAIL ADDRESS (Optional): dezaraepayne@yahoo.com ATTORNEY FOR (Name): | | FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE JUN 04 2018 C. Molina CASE NUMBER: RID 1802196 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Riverside STREET ADDRESS: 4175 Main St MAILING ADDRESS: CITY AND ZIP CODE: Riverside 92501 BRANCH NAME: Family Law Courthouse | | |
| PETITIONER/PLAINTIFF: Dezaræ Lynn Payne RESPONDENT/DEFENDANT: Harold Paul Payne OTHER PARENT/CLAIMANT: | | |
| INCOME AND EXPENSE DECLARATION | | |

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).

- Employer: Dixon Pumps
- Employer's address: 1110 Maggie Lane, Billings, MT 59101
- Employer's phone number: out of business
- Occupation: Shipping and Receiving Manager
- Date job started: 2012
- If unemployed, date job ended: 2014
- I work about 0 hours per week.
- I get paid \$ 13.00 gross (before taxes) ☐ per month ☐ per week ☒ per hour.

(If you have more than one job, attach an 8½-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**

- My age is (specify): 37
- I have completed high school or the equivalent: ☒ Yes ☐ No If no, highest grade completed (specify):
- Number of years of college completed (specify): ☒ Degree(s) obtained (specify): AAB
- Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. **Tax information**

- ☒ I last filed taxes for tax year (specify year): 2014
- My tax filing status is ☐ single ☐ head of household ☒ married, filing separately
☐ married, filing jointly with (specify name):
- I file state tax returns in ☐ California ☒ other (specify state): Montana
- I claim the following number of exemptions (including myself) on my taxes (specify): 4

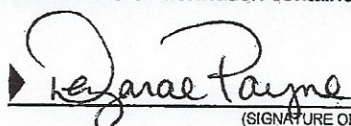
4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 6600.00
This estimate is based on (explain): Respondent's word: 80k/ yr (and expense account and 2018 Expedition)

(If you need more space to answer any questions on this form, attach an 8½-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: 6-1-2018
Dezaræ Lynn Payne

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

| | |
|--|--------------|
| PETITIONER/PLAINTIFF: Dezarae Lynn Payne | CASE NUMBER: |
| RESPONDENT/DEFENDANT: Harold Paul Payne | |
| OTHER PARENT/CLAIMANT: | |

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 | \$ | |
| 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 BAQ, royalty payments, etc.) (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 | \$ |
| 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 | \$ 58.00 |
| b. Stocks, bonds, and other assets I could easily sell | \$ |
| c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ 4,500 |

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| PETITIONER/PLAINTIFF: Dezae Lynn Payne RESPONDENT/DEFENDANT: Harold Paul Payne OTHER 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. Britain Baxter | 17 | daughter | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Noah Baxter | 14 | son | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Finley Baxter | 12 | daughter | | <input type="checkbox"/> Yes <input checked="" 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) ☒ Rent or ☐ mortgage... \$ 1,200

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... \$ 400

c. Child care \$ _____

d. Groceries and household supplies..... \$ 400

e. Eating out..... \$ _____

f. Utilities (gas, electric, water, trash) \$ 300

g. Telephone, cell phone, and e-mail \$ 200

h. Laundry and cleaning \$ 100

i. Clothes \$ 200

j. Education \$ 1000

k. Entertainment, gifts, and vacation..... \$ _____

l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ 250

m. Insurance (life, accident, etc.; do not
include auto, home, or health insurance)... \$ 30

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))** \$ 4,080

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

| Paid to | For | Amount | Balance | Date of last payment |
|----------------------------|--------------------------------|--------|-----------|----------------------|
| Federal Student Assistance | Associate degree Federal loans | \$ 300 | \$ 45,000 | never |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

15. Attorney fees (This 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)

| | |
|---|--------------|
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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 expenses for the children in this case

Amount per month

- a. Child care 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 (specify below): \$ _____

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 (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (specify):

(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):