

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: Patricia Phillips (SBN 41516); Gregory W. Jessner (SBN 121920)			
FIRM NAME: Phillips Jessner LLP			
STREET ADDRESS: 350 South Grand Avenue, Suite 3550			
CITY: Los Angeles		STATE: CA ZIP CODE: 90071	
TELEPHONE NO: (213) 687-2650		FAX NO: (213) 687-2651	
E-MAIL ADDRESS: crt@phillipsjessner.com			
ATTORNEY FOR (name): Respondent JOHN M. PIERCE			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
STREET ADDRESS: 111 North Hill Street			
MAILING ADDRESS:			
CITY AND ZIP CODE: Los Angeles, CA 90012			
BRANCH NAME: Central District			
PETITIONER: [REDACTED]			
RESPONDENT: JOHN M. PIERCE			
OTHER PARTY/PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION		CASE NUMBER:	
		BD 639740	

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: Pierce Bainbridge Beck Price & Hecht, LLP
- b. Employer's address: 355 South Grand Avenue, 44th Floor, Los Angeles, CA 90071
- c. Employer's phone number: (213) 262-9333
- d. Occupation: Attorney/Managing Partner
- e. Date job started: January 2017
- f. If unemployed, date job ended: N/A
- g. I work about 80+ hours per week.
- h. I get paid \$ Varies gross (before taxes) per month per week per hour.

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

2. Age and education

- a. My age is (specify): 47
- 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): 4 Degree(s) obtained (specify): BA in Finance
- d. Number of years of graduate school completed (specify): 3 Degree(s) obtained (specify): J.D.
- e. I have: professional/occupational license(s) (specify): California State Bar vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2018
- 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 (self and three children)

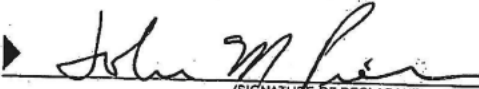
4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 2,500 This estimate is based on (explain): Petitioner's Income and Expense Declaration

(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: November 7, 2019

John M. Pierce
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

PETITIONER: [REDACTED] RESPONDENT: JOHN M. PIERCE OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BD 639740</div>
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ 0	0
b. Overtime (gross, before taxes).....	\$ 0	0
c. Commissions or bonuses.....	\$ 0	0
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving.....	\$ 0	0
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*.....	\$ 0	0
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership.....	\$ 0	0
g. Pension/retirement fund payments.....	\$ 0	0
h. Social Security retirement (not SSI).....	\$ 0	0
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.....	\$ 0	0
j. Unemployment compensation.....	\$ 0	0
k. Workers' compensation.....	\$ 0	0
l. Other (military allowances, royalty payments) (specify):.....	\$ 0	0

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

a. Dividends/interest.....	\$ 0	0
b. Rental property income.....	\$ 0	0
c. Trust income.....	\$ 0	0
d. Other (specify):.....	\$ 0	0

7. Income from self-employment, after business expenses for all businesses..... \$ 0 Negative

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify): 3 years
 Name of business (specify): Pierce Bainbridge Beck Price & Hecht, LLP
 Type of business (specify): Law Office

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.....	\$ 0
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ 0
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ 0
d. Child support that I pay for children from other relationships.....	\$ 0
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ 0
f. Partner support that I pay by court order from a different domestic partnership.....	\$ 0
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ 0

11. Assets

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	Total	\$ 10,750
b. Stocks, bonds, and other assets I could easily sell.....	\$	0
c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$	Negative

* 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: [REDACTED] RESPONDENT: JOHN M. PIERCE OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: BD 639740
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) <input type="checkbox"/> Rent or <input checked="" type="checkbox"/> mortgage..... \$ <u>2,181</u> If mortgage: (a) average principal: \$ <u>0</u> (b) average interest: \$ <u>2,181</u> (2) Real property taxes..... \$ <u>1,800</u> (3) Homeowner's or renter's insurance (if not included above)..... \$ <u>600</u> (4) Maintenance and repair..... \$ <u>1,500</u> b. Health-care costs not paid by insurance..... \$ <u>3,000</u> c. Child care..... \$ <u>0</u> d. Groceries and household supplies..... \$ <u>2,000</u> e. Eating out..... \$ <u>1,000</u> f. Utilities (gas, electric, water, trash)..... \$ <u>2,000</u> g. Telephone, cell phone, and e-mail..... \$ <u>2,000</u>	h. Laundry and cleaning..... \$ <u>500</u> i. Clothes..... \$ <u>1,000</u> j. Education..... \$ <u>10,000</u> k. Entertainment, gifts, and vacation..... \$ <u>200</u> l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ <u>1,500</u> m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ <u>0</u> n. Savings and investments..... \$ <u>0</u> o. Charitable contributions..... \$ <u>0</u> p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).... \$ <u>19,900</u> q. Other (specify): Personal care & misc. \$ <u>400</u> <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)) \$ <u>49,581</u> </div> s. Amount of expenses paid by others \$ <u>0</u>
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Etienne Lowen	Personal Loan	\$ 3,000	\$ 27,000	9/15/2019
Citibank	Term Loan	\$ 7,000	\$ 90,000	9/03/2019
Franchise Tax Board	Taxes	\$ 4,000	\$ 200,000	10/05/2019
IRS	Taxes	\$ 5,900	\$ 850,000	9/28/2019
		\$	\$	
		\$	\$	

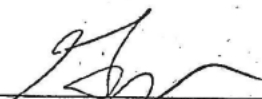
15. Attorney fees (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 7,956 (post-judgment)
- b. The source of this money was (specify): Earnings
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ 32,363 + unbilled
- d. My attorney's hourly rate is (specify): \$575

I confirm this fee arrangement.

Date: November 7, 2019

Gregory W. Jessner
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

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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): 3 children under the age of 18 with a other parent in this case.
- b. The children spend 20 percent of their time with me and 80 percent of their time with the other parent. (If you're not sure about percentage and 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: United Healthcare Oxford
- c. Address of insurance company:
P.O. Box 30608
Salt Lake City, Utah 84138
- d. The monthly cost for the children's health insurance is or would be (specify): \$ 0 (Do not include the amount your employer pays.)

18. Additional expense for the children in this case:

- | | |
|--|------------------|
| a. Child's car or carwork or get job training | Amount per month |
| b. Children's health care not covered by insurance | \$ 2,800 |
| c. Travel expenses for visitation | \$ 0 |
| d. Children's educational or other special needs (specify below):
Tuition for private school and related-related expenses, including summer camps | \$ 10,000 |

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

- | | | |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 16b | Amount per month | For how many months? |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ 0 | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ 0 | _____ |
| (2) Names and ages of those children (specify): | | _____ |

(3) Child support I receive for these 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):