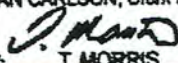


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Street number, and address): Mark B. Plummer 120098 Law Offices of Mark B. Plummer, PC 18552 Oriente Drive Yorba Linda, California 92886 TELEPHONE NO.: (714) 970-3131 (714) 970-3130 E-MAIL ADDRESS (Optional): lombp@earthlink.com ATTORNEY FOR (Name):	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE LAMOREAUX JUSTICE CENTER MAY 07 2012 ALAN CARLSON, Clerk of the Court  BY: <u>T. MORRIS</u> DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 700 Civic Center Drive West MAILING ADDRESS: CITY AND ZIP CODE: Santa Ana, California 92701 BRANCH NAME: Central Justice Center	
PETITIONER/PLAINTIFF: Hedy (Polyak) Plummer RESPONDENT/DEFENDANT: Mark B. Plummer OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 04D010961

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: Self
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started: March 21, 1995
- f. If unemployed, date job ended:
- g. I work about 40 hours per week. including advocating for my mentally ill child
- h. I get paid \$ 4,500 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): 55
- 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): 5 Degree(s) obtained (specify): BS - Business
- d. Number of years of graduate school completed (specify): 3 Degree(s) obtained (specify): JD
- e. I have: professional/occupational license(s) (specify): Law License
 vocational training (specify):

3. **Tax information**

- a. I last filed taxes for tax year (specify year): 2010
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Jocelyn Plummer
- 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): 5

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 70,000
 This estimate is based on (explain): This was Ms. POLYAK's sworn testimony to this Court on 11/03/10. She still has the same job.

(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: May 5, 2012

Mark B. Plummer

(TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: Hedy (Polyak) Plummer RESPONDENT/DEFENDANT: Mark B. Plummer OTHER PARENT/CLAIMANT:	CASE NUMBER: 04D010961
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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)	\$ 4,500	5,500
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	\$ 1,000	
c. Trust income	\$	
d. Other (specify) :	\$	

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

I am the owner/sole proprietor business partner other (specify) :

Number of years in this business (specify) : 17

Name of business (specify) : Law Offices of Mark B. Plummer, PC

Type of business (specify) : Law Practice (Business is so bad that working out of home.)

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) : 0

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :
 Business is slow; costs are high; I need to cover overhead and payroll; so I can't take a draw.

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	\$ 5,000
b. Stocks, bonds, and other assets I could easily sell	\$ 5,000
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 15,000

PETITIONER/PLAINTIFF: Hedy (Polyak) Plummer RESPONDENT/DEFENDANT: Mark B. Plummer OTHER PARENT/CLAIMANT:	CASE NUMBER: 04D010961
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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. Jocelyn Plummer	43	Wife	2,000	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Andrew Plummer	12	Son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Grant Plummer	9	Son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Kendall Plummer	8	Daughter	0	<input type="checkbox"/> Yes <input checked="" 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 \$ 4,096

If mortgage:

(a) average principal: \$ 865

(b) average interest: \$ 3,230

(2) Real property taxes \$ 1,000

(3) Homeowner's or renter's insurance (if not included above) \$ 326

(4) Maintenance and repair \$ 1,200

b. Health-care costs not paid by insurance \$ 350

c. Child care \$ 650

d. Groceries and household supplies \$ 2,000

e. Eating out \$ 250

f. Utilities (gas, electric, water, trash) \$ 900

g. Telephone, cell phone, and e-mail \$ 70

h. Laundry and cleaning \$ 300

i. Clothes \$ 400

j. Education \$ 200

k. Entertainment, gifts, and vacation \$ 250

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 400

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 350

n. Savings and investments \$ _____

o. Charitable contributions \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 0

q. Other (specify): Credit Cards \$ 800

r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 13,542

s. Amount of expenses paid by others \$ 800

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

- 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: May 5, 2012

Mark B. Plummer
(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Hedy (Polyak) Plummer	CASE NUMBER: 04D010961
RESPONDENT/DEFENDANT: Mark B. Plummer	
OTHER PARENT/CLAIMANT:	

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 the other parent in this case.
- b. The children spend 100 percent of their time with me and 0 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: Blue Shield
- c. Address of insurance company:
My wife is maintaining a distant and inconvenient job just to get insurance for the children since Kendall is otherwise uninsurable, as a result of heart, eye and ear surgery as well as her mental illness and special needs.
- d. The monthly cost for the children's health insurance is or would be (specify): \$ not insurable
(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	\$ 400
b. Children's health care not covered by insurance	\$ 600
c. Travel expenses for visitation	\$ 0
d. Children's educational or other special needs (specify below):	\$ 600

Kendall, with special needs, requires tutoring @ \$100/wk; physical training @ \$100/mth.; Hearing Aids and Glasses

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	\$ 0	_____
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 those children \$ 0

The expenses listed in a, b and c create an extreme financial hardship because (explain):

The Uncovered Medical Trust is gone. Hearing aids cost \$3,000.00 and glasses cost \$500.00; without insurance Kendall's medication could cost \$800.00/mth. One boy's braces which will 6,000.00 after insurance. (We are concerned that benefits will be dropped by Jocelyn's employer.)

20. Other information I want the court to know concerning support in my case (specify):

Kendall (8) required multiple prescription medications twice a day, plus after school physical and academic assistance almost daily. She also sees a psychiatrist, nuerologist, therapist and her pediatrician frequently, in addition to her hearing and eye doctors, which takes a lot of time.



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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am employed in the County of Orange, State of California. I am over the age of 18 and not a party to the within entitled action; my business address is:

LAW OFFICES OF MARK B. PLUMMER, PC
18552 Oriente Drive
Yorba Linda, California 92886

On May 6, 2012, I personally served the foregoing document(s) described as follows:

INCOME AND EXPENSE DECLARATION

On all interested parties as follows:

Hedy Polyak Plummer
1205 N. Piedmont Drive
Anaheim, California 92807


____ (BY MAIL) By mailing the above identified document via Express, Overnight Mail, fully prepaid at the United States Post Office at Yorba Linda, California.

X (BY MAIL) I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Yorba Linda, California in the ordinary course of business. I am aware that on motion of the part served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

____ (BY FACSIMILE) By telecopying a true copy thereof to the party at the above facsimile number.

X (STATE) I Declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 6, 2012, at Yorba Linda, California



Jocelyn Plummer