FL-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
MICHAELINE A. RE (SBN 77853) 100 E. CORSON STREET, THIRD FLOOR PASADENA, CA 91103 TELEPHONE NO.: 626 396-9230 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): RESPONDENT RUFUS V. RHOADES	FILED LOS ANGELES SUPERIOR COURT AUG 27 2013 JOHN A. CLARKE, CLERK BY LISA FARROW, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 300 E. WALNUT STREET MAILING ADDRESS: CITY AND ZIP CODE: PASADENA, CA 91101 BRANCH NAME:	
PETITIONER/PLAINTIFF: SUSAN P. RHOADES RESPONDENT/DEFENDANT: RUFUS V. RHOADES OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: GD 052764

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: 100 E. CORSON STREET, SUITE 200, PASADENA, CA 91103
c. Employer's phone number: [redacted]
d. Occupation: LAWYER/AUTHOR
e. Date job started: 1/1/75
f. If unemployed, date job ended:
g. I work about 40 hours per week.
h. I get paid $ 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**
   a. My age is *(specify)*: 80
   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
   d. Number of years of graduate school completed *(specify)*: 3 ☑ Degree(s) obtained *(specify)*: JD
   e. I have: ☑ professional/occupational license(s) *(specify)*: LAWYER
      ☐ vocational training *(specify)*:

3. **Tax information**
   a. ☑ I last filed taxes for tax year *(specify year)*: 2011
   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)*: 2

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)*: SEE SCHEDULE ATTACHED

(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: AUGUST 7, 2013
RUFUS V. RHOADES
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2007]

INCOME AND EXPENSE DECLARATION

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: SUSAN P. RHOADES RESPONDENT/DEFENDANT: RUFUS V. RHOADES OTHER PARENT/CLAIMANT:	CASE NUMBER: GD 052764

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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ 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):* 38
Name of business *(specify):* LAW OFFICES OF RUFUS V. RHOADES
Type of business *(specify):* LAW PRACTICE

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	$ 20,000
b. Stocks, bonds, and other assets I could easily sell	$ 245,000
c. All other property, ☑ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$ 2 MIL

PETITIONER/PLAINTIFF: SUSAN P. RHOADES RESPONDENT/DEFENDANT: RUFUS V. RHOADES OTHER PARENT/CLAIMANT:	CASE NUMBER: GD 052764

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. RUFUS V. RHOADES	80	SELF	VARIES	☑ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☑ Actual expenses ☐ Proposed needs

a. Home:
   (1) ☑ Rent or ☐ mortgage... $ 2700
   If mortgage:
   (a) average principal: $ _____
   (b) average interest: $ _____
   (2) Real property taxes ..... $ 0
   (3) Homeowner's or renter's insurance (if not included above) ..... $ 0
   (4) Maintenance and repair ..... $ 0
b. Health-care costs not paid by insurance... $ 100
c. Child care ..... $ 0
d. Groceries and household supplies..... $ 300
e. Eating out..... $ 600
f. Utilities (gas, electric, water, trash)..... $ 100
g. Telephone, cell phone, and e-mail ..... $ 200
h. Laundry and cleaning ..... $ 100
i. Clothes ..... $ 500
j. Education ..... $ 0
k. Entertainment, gifts, and vacation..... $ UNK
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... $ 1000
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... $ 0
n. Savings and investments..... $ 0
o. Charitable contributions..... $ 0
p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)*.. $ 0
q. Other *(specify)*:..... $ 0

r. **TOTAL EXPENSES** (a–q) *(do not add in the amounts in a(1)(a) and (b))* $ 5600.00

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 is required if either party is requesting attorney fees.)*:
   a. To date, I have paid my attorney this amount for fees and costs *(specify)*: $ 0
   b. The source of this money was *(specify)*: EARNINGS
   c. I still owe the following fees and costs to my attorney *(specify total owed)*: $ UNK
   d. My attorney's hourly rate is *(specify)*: $ 425.00

I confirm this fee arrangement.

Date: 8/7/13
MICHAELINE A. RE
(TYPE OR PRINT NAME OF ATTORNEY)

Michaeline A. Re
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: SUSAN P. RHOADES RESPONDENT/DEFENDANT: RUFUS V. RHOADES OTHER PARENT/CLAIMANT:	CASE NUMBER: GD 052764

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.)
    N/A

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):*

RHOADES v RHOADES

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Question 1—Other Jobs

I am a solo practitioner and an author. My combined income from those two endeavors runs about $400,000 year, more or less. Of that, my book royalties are about $100,000 per year.

Question 4—Other Party's Income

Susan and I hold two income producing assets: Pacific Coast Lessor, Inc., a California corporation that produces, net, about $70,000 per year and the Price Fund that produces about $65-70,000 per year. She claims the stock is community property and that the Fund is her sole and separate property.

Questions 6 and 7—Income

For July:

Practice:	$23,895
Royalties:	-0-
PCL	6,484
Price Fund	unknown
RvR social security	2,200
SPR social security	800

Average:

Practice:	$24,000
Royalties:	8,500
PCL	6,484
Price Fund	6,250
Social security	as above

Rufus Rhoades
Profit & Loss
Cash Basis — January through December 2012

	Jan - Dec 12
Ordinary Income/Expense	
Income	
Legal Fee Income	342,609.00
Royalty Income	106,226.00
Total Income	448,835.00
Expense	
Accounting Fees	1,430.00
Background Checks	29.95
Bank Service Charges	217.00
Business Licenses and Permits	389.00
Computer & Equipment Expense	1,472.88
Computer and Internet Expenses	480.00
Deposition Expense	2,862.00
Dues and Subscriptions	6,546.83
Expert Witness Fees Expense	6,000.00
Insurance Expense	
Health Insurance	3,241.00
Professional Liability	3,356.00
Total Insurance Expense	6,597.00
Interest Expense	5,576.00
Litigation Expense	3,100.00
Loan Payments	8,113.00
Meals and Entertainment	1,136.98
Office Supplies	1,564.88
Parking	110.25
Pension Expense	1,125.00
Postage and Delivery	80.20
Printing and Reproduction	29.00
Professional Fees	339,147.00
Reference & Research Expense	11,272.78
Rent Expense	13,556.00
Taxes	84.00
Telephone Expense	4,092.56
Transportation Expense	100.00
Travel Expense	8,164.09
Website Expense	300.00
Total Expense	423,578.40
Net Ordinary Income	25,256.60
Net Income	25,256.60

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to *www.irs.gov/schedulec.*
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011

Attachment Sequence No. 09

Name of proprietor: RUFUS V. RHOADES

Social security number (SSN): [redacted]

A Principal business or profession, including product or service (see instructions): LEGAL SERVICES & AUTHOR

B Enter code from instructions: [redacted]

C Business name. If no separate business name, leave blank.: RUFUS V. RHOADES

D Employer ID number (EIN), (see instrs): [redacted]

E Business address (including suite or room no.) ► 100 E CORSON ST SUITE 200
City, town or post office, state, and ZIP code: PASADENA, CA 91103

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ►

G Did you 'materially participate' in the operation of this business during 2011? If 'No,' see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2011, check here ► [ ]

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If 'Yes,' did you or will you file all required Forms 1099? ... [X] Yes [ ] No

Part I Income

1a	Merchant card and third party payments. For 2011, enter -0-	1a	0.	
b	Gross receipts or sales not entered on line 1a (see instructions)	1b	383,515.	
c	Income reported to you on Form W-2 if the 'Statutory Employee' box on that form was checked. Caution. See instructions before completing this line	1c		
d	Total gross receipts. Add lines 1a through 1c			1d 383,515.
2	Returns and allowances plus any other adjustments (see instructions)			2
3	Subtract line 2 from line 1d			3 383,515.
4	Cost of goods sold (from line 42)			4
5	Gross profit. Subtract line 4 from line 3			5 383,515.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)			6
7	Gross income. Add lines 5 and 6 ►			7 383,515.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18 2,284.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19
10	Commissions and fees	10		20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a
12	Depletion	12		b	Other business property	20b 14,100.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	9,719.	23	Taxes and licenses	23 50.
16	Interest:			24	Travel, meals, and entertainment:	
a	Mortgage (paid to banks, etc)	16a		a	Travel	24a 2,712.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b 757.
17	Legal & professional services	17	75,688.	25	Utilities	25 380.
				26	Wages (less employment credits)	26
				27a	Other expenses (from line 48)	27a 27,069.
				b	Reserved for future use	27b

28	Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28 132,759.
29	Tentative profit or (loss). Subtract line 28 from line 7	29 250,756.
30	Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instructions. Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31 250,756.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part V Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► _____.

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SEE STATEMENT 14		
48 Total other expenses. Enter here and on line 27a	48	27,069.

STATEMENT 14 - LEGAL SERVICES & AUTHOR
SCHEDULE C, PART V
OTHER EXPENSES

BANK CHARGES	$	1,301.
COMPUTER EXPENSE		650.
DUES AND SUBSCRIPTIONS		4,146.
LICENSES & PERMITS		50.
OUTSIDE SERVICES		3,691.
PARKING AND TOLLS		1,348.
PENSION ADMINISTRATION		1,020.
POSTAGE		746.
PRINTING		2,192.
REFERENCE & RESEARCH		7,028.
TAX PREP FEE		3,570.
TELEPHONE		1,327.
TOTAL	$	27,069.

PROOF OF SERVICE

STATE OF CALIFORNIA)
) ss
COUNTY OF LOS ANGELES)

I am a resident of the State of California, over the age of 18 years, and not a party to the within action. My business address is: Law Offices of Michaeline A. Ré, 100 E. Corson Street, Third Floor, Pasadena, California 91103. On August 23, 2013 I served the within documents:

INCOME AND EXPENSE DECLARATION

_ I sent such document from facsimile machine 626 396-9430 on June 26, 2008. I certify that said transmission was completed and that all pages were received and that a report was generated by facsimile machine 626 396-9430 which confirms said transmission and receipt. I, thereafter, mailed a copy to the interested party(ies) in this action by placing a true copy thereof enclosed in sealed envelope(s), postage fully prepaid, addressed to the parties listed below and deposited it in the U.S. mail at 100 E. Corson Street, Third Floor, Pasadena, CA 91103.

_x_ by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the U.S. mail at 100 E. Corson Street, Third Floor, Pasadena, CA 91103 to the persons and addresses indicated on the attached list. I am readily familiar with the firm's practice of colleting and processing correspondence by mailing. It is deposited with U.S. Postal Service on the same day in the ordinary course of business. I am aware that on motion of any party served, service is presumed invalid if the postal cancellation date or postage meter date is more than one day after the date of deposit for mailing set forth in this affidavit.

__ by personally delivering the document(s) listed above to the person(s) at the addresses set forth bellow.

William R. Burkitt, Esq.
301 East Colorado Blvd., Suite 315
Pasadena, CA 91101

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

Executed on August 23, 2013, at Pasadena, California.

Michaeline A. Re