

FL-150

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: ALYZE L. PIERCE			
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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> 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: ALYZE L. PIERCE RESPONDENT: JOHN M. PIERCE OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:  <b>BD 639740</b>
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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**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ 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.

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PETITIONER: <b>ALYZE L. PIERCE</b> RESPONDENT: <b>JOHN M. PIERCE</b> OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <p style="text-align: center; font-weight: bold;">BD 639740</p>
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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

<p><b>a. Home:</b></p> <p>(1) <input type="checkbox"/> Rent or <input checked="" type="checkbox"/> mortgage..... \$ <u>2,181</u></p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal:     \$ <u>0</u></p> <p style="margin-left: 40px;">(b) average interest:     \$ <u>2,181</u></p> <p>(2) Real property taxes..... \$ <u>1,800</u></p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ <u>600</u></p> <p>(4) Maintenance and repair..... \$ <u>1,500</u></p> <p><b>b. Health-care costs not paid by insurance..... \$ <u>3,000</u></b></p> <p><b>c. Child care..... \$ <u>0</u></b></p> <p><b>d. Groceries and household supplies..... \$ <u>2,000</u></b></p> <p><b>e. Eating out..... \$ <u>1,000</u></b></p> <p><b>f. Utilities (gas, electric, water, trash)..... \$ <u>2,000</u></b></p> <p><b>g. Telephone, cell phone, and e-mail..... \$ <u>2,000</u></b></p>	<p><b>h. Laundry and cleaning..... \$ <u>500</u></b></p> <p><b>i. Clothes..... \$ <u>1,000</u></b></p> <p><b>j. Education..... \$ <u>10,000</u></b></p> <p><b>k. Entertainment, gifts, and vacation..... \$ <u>200</u></b></p> <p><b>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ <u>1,500</u></b></p> <p><b>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ <u>0</u></b></p> <p><b>n. Savings and investments..... \$ <u>0</u></b></p> <p><b>o. Charitable contributions..... \$ <u>0</u></b></p> <p><b>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).... \$ <u>19,900</u></b></p> <p><b>q. Other (specify): Personal care &amp; misc. \$ <u>400</u></b></p> <table border="1" style="width:100%; margin-top: 5px;"> <tr> <td style="padding: 2px;"><b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(e) and (b))</b></td> <td style="text-align: right; padding: 2px;"><b>\$ <u>49,581</u></b></td> </tr> </table> <p><b>s. Amount of expenses paid by others \$ <u>0</u></b></p>	<b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(e) and (b))</b>	<b>\$ <u>49,581</u></b>
<b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(e) and (b))</b>	<b>\$ <u>49,581</u></b>		

**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)

PETITIONER: <b>ALYZE L. PIERCE</b> RESPONDENT: <b>JOHN M. PIERCE</b> OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:  <p style="text-align: center; font-weight: bold;">BD 639740</p>
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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 the 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 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: United Healthcare Oxford
- c. Address of insurance company:  
P.O. Box 30608  
Salt Lake City, Utah 84130
- 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**

	Amount per month	
a. Childcare so I can work or get job training.....	\$	<u>0</u>
b. Children's health care not covered by insurance.....	\$	<u>2,800</u>
c. Travel expenses for visitation.....	\$	<u>0</u>
d. Children's educational or other special needs (specify below):.....	\$	<u>10,000</u>

**Tuition for private school and related-related expenses, including summer camps**

**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.....	\$	<u>0</u>
b. Major losses not covered by insurance (examples: fire, theft, other insured loss).....	\$	<u>0</u>
c. (1) Expenses for my minor children who are from other relationships and are living with me.....	\$	<u>0</u>
(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):

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



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**PROOF OF SERVICE**

STATE OF CALIFORNIA        )  
                                      )        SS  
COUNTY OF LOS ANGELES    )

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is: 350 South Grand Avenue, Suite 3550, Los Angeles, California, 90071.

On November 25, 2019, I served the document(s) described as **RESPONDENT'S INCOME AND EXPENSE DECLARATION** on all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

Susannah Braffman Amen  
Elkins Kalt Weintraub Reuben Gartside LLP  
10345 W. Olympic Blvd.  
Los Angeles, CA 90064

*Attorneys for Petitioner  
Alyze Pierce*

- MAIL: by placing the document(s) listed above in sealed envelope(s) in a designated "OUT" box in the office of my employer. 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 United States Postal Service on that same day with postage thereon fully prepaid.
- UPS: by placing a copy of the document(s) listed above in a sealed envelope and sending it UPS Next Day Air Service, with delivery fees provided for, addressed to the person indicated at that person's last office address as shown on a recent document filed in the cause and served on Phillips Jessner LLP by that person(s). I know that in the ordinary course of business at Phillips Jessner LLP said document will be deposited in a box or other facility regularly maintained by United Parcel Service or delivered to an authorized courier or driver of UPS for next day delivery.
- FACSIMILE: by transmitting via facsimile from Phillips Jessner LLP's facsimile transmission telephone number the document(s) listed above to a facsimile machine maintained by the person or persons indicated at the facsimile number(s) as last given by that person or persons on any document which he or she has filed in the cause and served on Phillips Jessner LLP. Said transmission was reported as complete and without error.
- PERSONAL: by personally delivering the document(s) listed above to the person(s) at the address(es) set forth above.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct. Executed on November 25, 2019, at Los Angeles, California.

  
Anel Romero-Fanter