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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): GORDON D. CRUSE, CFLS SBN 110387 GORDON D. CRUSE, APLC 110 West C Street, Suite 2300 San Diego, CA 92101-3910 TELEPHONE NO.: (619) 696-9922 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Mitchel P. Goldman | FOR COURT USE ONLY CASE NUMBER: DN 149413 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 325 SOUTH MELROSE DR. MAILING ADDRESS: CITY AND ZIP CODE: VISTA, CA 92083 BRANCH NAME: NORTH COUNTY DIVISION | |
| PETITIONER/PLAINTIFF: Dianne York Goldman RESPONDENT/DEFENDANT: Mitchel Paul Goldman OTHER PARENT/CLAIMANT: | |
| INCOME AND EXPENSE DECLARATION | |

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)
- a. Employer: Dermatology Cosmetic Laser Assoc. & Cosmetic Vein Surgical Center
 - b. Employer's address: 7630 Fay Avenue, La Jolla, CA 92037
 - c. Employer's phone number: 858-459-7113
 - d. Occupation: Medical Director
 - e. Date job started: July 2002
 - f. If unemployed, date job ended:
 - g. I work about 50 hours per week.
 - h. I get paid \$ 15,230 gross (before taxes) per month per week per hour.

Attach copies of your pay stubs for last two months here (black out social security numbers).

(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): 53
 - 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): Bachelor of Arts
 - d. Number of years of graduate school completed (specify): 4 Degree(s) obtained (specify): MD
 - e. I have: professional/occupational license(s) (specify): Medical (CA, HI, NV, CO, AZ)
 vocational training (specify):

3. Tax information
- a. I last filed taxes for tax year (specify year): 2006
 - b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): Dianne York-Goldman
 - 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): Two (2)

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 10,000
 This estimate is based on (explain): Based upon Petitioner's paystubs.

(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: June , 2008

Signature Via Facsimile

Mitchel P. Goldman
 (TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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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: June 20, 2008

Mitchel P. Goldman
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

| | |
|---|---------------------------|
| PETITIONER/PLAINTIFF: Dianne York Goldman RESPONDENT/DEFENDANT: Mitchel Paul Goldman OTHER PARENT/CLAIMANT: | CASE NUMBER: DN 149413 |
|---|---------------------------|

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) | \$ 15,230 | 15,230 |
| 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): 6
 Name of business (specify): La Jolla Spa MD et al.
 Type of business (specify): Medical/Cosmetic

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): PAY DOWN OF 2 BUSINESSES' DEBT OF APPROXIMATELY \$750,000 SINCE 1/2008

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 | \$ 29,000 |
| b. Stocks, bonds, and other assets I could easily sell | \$ 17,000 |
| c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ 3,375,000 |

PETITIONER/PLAINTIFF: Dianne York Goldman
 RESPONDENT/DEFENDANT: Mitchel Paul Goldman
 OTHER PARENT/CLAIMANT:
 CASE NUMBER
 DN 149413

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) Rent or mortgage \$ 6,500
 - 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 \$ _____
 - c. Child care \$ _____
 - d. Groceries and household supplies \$ 800
 - e. Eating out \$ 2,000
 - f. Utilities (gas, electric, water, trash) \$ 600
 - g. Telephone, cell phone, and e-mail \$ _____
 - h. Laundry and cleaning \$ 650
 - i. Clothes \$ 1,350
 - j. Education \$ _____
 - k. Entertainment, gifts, and vacation \$ 3,500
 - l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 1,050
 - m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 2,100
 - n. Savings and investments \$ 500
 - o. Charitable contributions \$ 500
 - 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)) \$ 19,550

14. Installment payments and debts not listed above

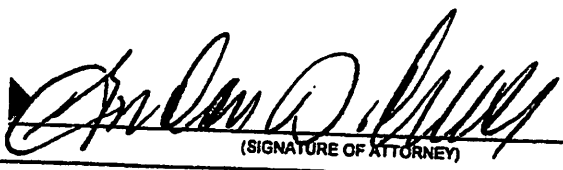
s. Amount of expenses paid by others \$ _____

| 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): \$ 66,726
 - b. The source of this money was (specify): Goldman Family Trust/Savings and Investments
 - c. I still owe the following fees and costs to my attorney (specify total owed): \$ 8,000
 - d. My attorney's hourly rate is (specify): \$ 375

I confirm this fee arrangement.
 Date: June 23, 2008

ORDON D. CRUSE, CFLS SBN 110387
 (TYPE OR PRINT NAME OF ATTORNEY)


 (SIGNATURE OF ATTORNEY)

| | |
|--|---------------------------|
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| 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): _____ 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):