

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Desiree Capuano 13820 S. 44th St #1244 Phoenix, AZ 85044 TELEPHONE NO.: 480-361-1650 E-MAIL ADDRESS (Optional): desiree.capuano@gmail.com ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 200 West Compton Blvd MAILING ADDRESS: CITY AND ZIP CODE: Compton, CA 90220 BRANCH NAME: South Central District	
PETITIONER/PLAINTIFF: Richard Riess RESPONDENT/DEFENDANT: Desiree Capuano OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: TD053597

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: Apollo Group Inc
- b. Employer's address: 4620 E Elwood St, Phoenix AZ 85040
- c. Employer's phone number: 602-557-6947
- d. Occupation: Systems Analyst II
- e. Date job started: 02/29/2008
- f. If unemployed, date job ended:
- g. I work about 50 hours per week.
- h. I get paid \$ 3493.88 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): 33
- 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): 2 Degree(s) obtained (specify): Associates of Science
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2012
- 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): Arizona
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 2

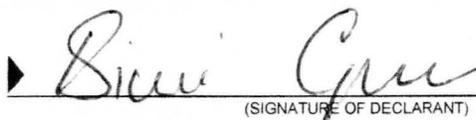
4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 6.848
 This estimate is based on (explain): PETITIONERS INCOME AND EXPENSE DECLARATION

(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: 01/26/2014
 Desiree Capuano

(TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: Richard Riess RESPONDENT/DEFENDANT: Desiree Capuano OTHER PARENT/CLAIMANT:	CASE NUMBER: TD053597
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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)	\$ 3345.90	3493.8
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	\$ 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 BAQ, royalty payments, etc.) (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**

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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)	\$ 135.70
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	\$ 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	\$ 0
b. Stocks, bonds, and other assets I could easily sell	\$ 0
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 0

PETITIONER/PLAINTIFF: Richard Riess RESPONDENT/DEFENDANT: Desiree Capuano OTHER PARENT/CLAIMANT:	CASE NUMBER: TD053597
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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. G. Riess	13	Son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. S. Capuano	10	Son	0	<input type="checkbox"/> Yes <input checked="" 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>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ <u>1375.00</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>0</u></p> <p>(2) Real property taxes \$ <u>0</u></p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ <u>21.58</u></p> <p>(4) Maintenance and repair \$ <u>0</u></p> <p>b. Health-care costs not paid by insurance... \$ <u>150</u></p> <p>c. Child care \$ <u>0</u></p> <p>d. Groceries and household supplies \$ <u>450</u></p> <p>e. Eating out \$ <u>0</u></p> <p>f. Utilities (gas, electric, water, trash) \$ <u>140</u></p> <p>g. Telephone, cell phone, and e-mail \$ <u>200</u></p>	<p>h. Laundry and cleaning \$ <u>0</u></p> <p>i. Clothes \$ <u>50</u></p> <p>j. Education \$ <u>0</u></p> <p>k. Entertainment, gifts, and vacation \$ <u>0</u></p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ <u>580</u></p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ... \$ <u>50.86</u></p> <p>n. Savings and investments \$ <u>149.81</u></p> <p>o. Charitable contributions \$ <u>0</u></p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) .. \$ <u>375</u></p> <p>q. Other (specify): \$ <u>0</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ <u>3,592.25</u></p> </div> <p>s. Amount of expenses paid by others \$ <u>0</u></p>
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Gillespie, Shields and Durrant	Lawyer Fees	\$ 100	\$ 2,600	12/30/2013
ACS	Student Loans	\$ 75	\$ 960	12/30/2013
Sleep America	Bed Financing	\$ 50	\$ 2,100	01/13/2014
Capital One	Credit Card	\$ 50	\$ 450	01/13/2014
Checkmate	Loan	\$ 150	\$ 1,400	01/24/2014
		\$	\$	

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:

(TYPE OR PRINT NAME OF ATTORNEY)

▶

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Richard Riess RESPONDENT/DEFENDANT: Desiree Capuano OTHER PARENT/CLAIMANT:	CASE NUMBER: TD053597
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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): 1 children under the age of 18 with the other parent in this case.
- b. The children spend 90 percent of their time with me and 10 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: Aetna
- c. Address of insurance company:
 P.O. Box 14079
 Lexington, KY 40512-4079
- d. The monthly cost for the children's health insurance is or would be (specify): \$ 135.70
 (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	\$ 0
b. Children's health care not covered by insurance	\$ 50
c. Travel expenses for visitation	\$ 0
d. Children's educational or other special needs (specify below):	\$ 0

19. Special hardships. I ask the court to consider the following special financial circumstances

	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	\$ _____	_____
(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):



Apollo Group Inc
 4025 S Riverpoint Parkway
 Phoenix, AZ 85040-1958
 602/557-6947

Pay Group: AGS-Apollo Group Staff
 Pay Begin Date: 10/13/2013
 Pay End Date: 10/26/2013

Advice #: **2181391**
 Advice Date: 11/01/2013

Desiree Yvonne Capuano 13820 S 44th St #1244 Phoenix, AZ 85044	Employee ID: 119462 Department: 900055679-Tech Quality/Release Svcs INST Job Title: Sys Analyst II Pay Rate: \$65,094.52 Annual	TAX DATA: Marital Status: Single Allowances: 2 Addl Pct: Addl Amt	Federal AZ State: n/a
	n/a 0 0		

HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Earnings	Description	Current	YTD
	Rate	Hours	Earnings	Hours				
Regular			2,503.64	1,567.82	48,711.46	Fed Withholding	324.91	4,185.72
Regular	31.295442	-16.00	-500.73		0.00	Fed MED/EE	35.32	774.21
Vacation Salaried	31.295442	16.00	500.73	116.18	3,610.60	Fed OASDI/EE	151.02	3,310.42
Awards			0.00		347.76	AZ Withholding	41.59	912.00
Holiday Salaried			0.00	68.00	2,085.91			
Sick Pay			0.00	8.00	250.36			
Unpaid Time Sal			0.00	3.82	-119.55			
TOTAL:		0.00	2,503.64	1,763.82	54,886.54	TOTAL:	552.84	9,182.35

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k)	125.18	2,726.88	Child Life	0.48	10.56	401(k)	37.55	818.01
Dental	9.72	213.84	401k Loan	149.81	3,295.82	USHARE Contribution	0.00	1,301.89
Medical	52.83	1,162.26	Long Term Dis-Gen Ded	3.60	79.20			
Vision	5.30	116.60	Short Term Dis-Gen Ded	11.32	249.04			
			Addl AD&D	5.77	126.94			
			Addl Life	4.26	93.72			
			Award	0.00	227.95			
TOTAL:	193.03	4,219.58	TOTAL:	175.24	4,083.23	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,503.64	2,310.61	552.84	368.27	1,582.53
YTD	54,886.54	50,666.96	9,182.35	8,302.81	37,401.38

Leave Summary	Balance
Vacation Advanced	136.0
Vacation Earned	0.6
Sick	36.7

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
2181391	Checking	908427776	\$1,582.53
TOTAL:			\$1,582.53

MESSAGE: Did you know that Apollo has a dedicated Ethics Helpline? Call or report online at: 1-888-310-9569



Apollo Group Inc
 4025 S Riverpoint Parkway
 Phoenix, AZ 85040-1958
 602/557-6947

Pay Group: AGS-Apollo Group Staff
 Pay Begin Date: 10/27/2013
 Pay End Date: 11/09/2013

Advice #: 2203954
 Advice Date: 11/15/2013

Desiree Yvonne Capuano 13820 S 44th St #1244 Phoenix, AZ 85044	Employee ID: 119462 Department: 900055679-Tech Quality/Release Svcs INST Job Title: Sys Analyst II Pay Rate: \$65,094.52 Annual	TAX DATA: Marital Status: Single Allowances: 2 Addl Pct: Addl Amt:	Federal AZ State n/a 0
	TOTAL:		

HOURS AND EARNINGS						TAXES			
Description	Rate	Hours	Current		YTD		Description	Current	YTD
			Earnings	Hours	Earnings	Hours			
Regular			2,503.64	1,647.82	57,451.21	51,215.10	Fed Withholding	324.91	4,525.89
Awards			0.00			347.76	Fed MED EE	35.31	810.41
EPIC Points			0.00			61.03	Fed OASDIEE	151.02	3,465.22
Holiday Salaried			0.00	68.00	2,085.91		AZ Withholding	41.59	954.69
Sick Pay			0.00	8.00	250.36				
Unpaid Time Sal			0.00	3.82	-119.55				
Vacation Salaried			0.00	116.18	3,610.60				
TOTAL:	0.00		2,503.64	1,843.82	57,451.21		552.83	9,756.21	

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k)	125.18	2,852.06	Child Life	0.48	11.04	401(k)	37.55	855.56
Dental	9.72	223.56	401k Loan	149.81	3,445.63	USHARE Contribution	0.00	1,301.89
Medical	52.83	1,215.09	Long Term Dis-Gen Ded	3.60	82.80			
Vision	5.30	121.90	Short Term Dis-Gen Ded	11.32	260.36			
			Addl AD&D	5.77	132.71			
			Addl Life	4.26	97.98			
			EPIC Points	0.00	40.00			
			Award	0.00	227.95			
TOTAL:	193.03	4,412.61	TOTAL:	175.24	4,298.47	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,503.64	2,310.61	552.83	368.27	1,582.54
YTD	57,451.21	53,038.60	9,756.21	8,711.08	38,983.92

Leave Summary	Balance
Vacation Advanced	136.0
Vacation Earned	6.8
Sick	38.2

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
2203954	Checking	908427776	\$1,582.54
TOTAL:			\$1,582.54

MESSAGE:



Apollo Education Group Inc
 4025 S Riverpoint Parkway
 Phoenix, AZ 85040-1958
 602.557-6947

Pay Group: AGS-Apollo Education Group
 Staff
 Pay Begin Date: 11/10/2013
 Pay End Date: 11/23/2013

Advice #: 2226015
 Advice Date: 11/29/2013

Desiree Yvonne Capuano 13820 S 44th St #1244 Phoenix, AZ 85044	Employee ID: 119462	TAX DATA:	Federal	AZ State
	Department: 900055679-Tech Quality/Release Svcs INST	Marital Status: Single		n/a
	Job Title: Sys Analyst II	Allowances: 2		0
	Pay Rate: \$65,094.52 Annual	Addl Pct:		
		Addl Amt:		

HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Description	Current	YTD	
	Rate	Hours	Earnings	Hours				Earnings
Regular			2,503.64	1,727.82	Fed Withholding	324.91	4,850.80	
Awards			0.00		Fed MED EE	35.32	845.73	
EPIC Points			0.00		Fed OASDI EE	151.02	3,616.24	
Holiday Salaried			0.00	68.00	AZ Withholding	41.59	996.28	
Sick Pay			0.00	8.00				
Unpaid Time Sal			0.00	3.82				
Vacation Salaried			0.00	116.18				
TOTAL:	0.00		2,503.64	1,923.82	TOTAL:	552.84	10,309.05	

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k)	125.18	2,977.24	Child Life	0.48	11.52	401(k)	37.55	893.11
Dental	9.72	233.28	401k Loan	149.81	3,595.44	USHARE Contribution	0.00	1,301.89
Medical	52.83	1,267.92	Long Term Dis-Gen Ded	3.60	86.40			
Vision	5.30	127.20	Short Term Dis-Gen Ded	11.32	271.68			
			Addl AD&D	5.77	138.48			
			Addl Life	4.26	102.24			
			EPIC Points	0.00	40.00			
			Award	0.00	227.95			
TOTAL:	193.03	4,605.64	TOTAL:	175.24	4,473.71	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,503.64	2,310.61	552.84	368.27	1,582.53
YTD	59,954.85	55,349.21	10,309.05	9,079.35	40,566.45

Leave Summary	Balance
Vacation Advanced	136.0
Vacation Earned	12.9
Sick	39.7

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
2226015	Checking	908427776	\$1,582.53
TOTAL:			\$1,582.53

MESSAGE:



Apollo Education Group Inc
 4025 S Riverpoint Parkway
 Phoenix, AZ 85040-1958
 602.557-6947

Pay Group: AGS-Apollo Education Group
 Staff
 Pay Begin Date: 11/24/2013
 Pay End Date: 12/07/2013

Advice #: 2247309
 Advice Date: 12/13/2013

Desiree Yvonne Capuano 13820 S 44th St #1244 Phoenix, AZ 85044	Employee ID: 119462	TAX DATA:	Federal	AZ State
	Department: 900055679-Tech Quality/Release Svcs INST Job Title: Sys Analyst II Pay Rate: \$72,001.05 Annual	Marital Status: Single Allowances: 2 Addl Pct: Addl Amt:		

HOURS AND EARNINGS						TAXES		
Description	Current		YTD		Earnings	Description	Current	YTD
	Rate	Hours	Earnings	Hours				
Regular			2,530.21	1,791.82	55,748.22	Fed Withholding	331.22	5,182.02
Regular	31.295442	-16.00	-500.73		0.00	Fed MED/EE	35.71	881.44
Holiday Salaried	31.295442	16.00	500.73	84.00	2,586.64	Fed OASDI/EE	152.67	3,768.91
Awards			0.00		347.76	AZ Withholding	42.05	1,038.33
EPIC Points			0.00		61.03			
Sick Pay			0.00	8.00	250.36			
Unpaid Time Sal			0.00	3.82	-119.55			
Vacation Salaried			0.00	116.18	3,610.60			
TOTAL:		0.00	2,530.21	2,003.82	62,485.06	TOTAL:	561.65	10,870.70

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k)	126.51	3,103.75	Child Life	0.48	12.00	401(k)	37.95	931.06
Dental	9.72	243.00	401k Loan	149.81	3,745.25	USHARE Contribution	0.00	1,301.89
Medical	52.83	1,320.75	Long Term Dis-Gen Ded	3.60	90.00			
Vision	5.30	132.50	Short Term Dis-Gen Ded	11.32	283.00			
			Addl AD&D	5.77	144.25			
			Addl Life	4.26	106.50			
			EPIC Points	0.00	40.00			
			Award	0.00	227.95			
TOTAL:	194.36	4,800.00	TOTAL:	175.24	4,648.95	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,530.21	2,335.85	561.65	369.60	1,598.96
YTD	62,485.06	57,685.06	10,870.70	9,448.95	42,165.41

Leave Summary	Balance
Vacation Advanced	136.0
Vacation Earned	19.1
Sick	41.3

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
2247309	Checking	908427776	\$1,598.96
TOTAL:			\$1,598.96

MESSAGE:



Apollo Education Group Inc
 4025 S Riverpoint Parkway
 Phoenix, AZ 85040-1958
 602.557.6947

Pay Group: AGS-Apollo Education Group
 Staff
 Pay Begin Date: 12/08/2013
 Pay End Date: 12/21/2013

Advice #: 2268590
 Advice Date: 12/27/2013

Desiree Yvonne Capuano 13820 S 44th St #1244 Phoenix, AZ 85044	Employee ID: 119462	TAX DATA:	Federal	AZ State
	Department: 900055679-Tech Quality/Release Svcs INST Job Title: Sys Analyst II Pay Rate: \$72,001.05 Annual	Marital Status: Single Allowances: 2 Addl Pct: Addl Amt:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current		YTD		Description	Current	YTD
		Hours	Earnings	Hours	Earnings			
Regular			2,769.27	1,871.82	58,517.49	Fed Withholding	388.00	5,570.02
Awards			0.00		347.76	Fed MED EE	39.17	920.61
EPIC Points			0.00		61.03	Fed OASDI/EE	167.48	3,936.39
Holiday Salaried			0.00	84.00	2,586.64	AZ Withholding	46.13	1,084.46
Sick Pay			0.00	8.00	250.36			
Unpaid Time Sal			0.00	3.82	-119.55			
Vacation Salaried			0.00	116.18	3,610.60			
TOTAL:		0.00	2,769.27	2,083.82	65,254.33	TOTAL:	640.78	11,511.48

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
401(k)	138.46	3,242.21	Child Life	0.48	12.48	401(k)	-41.54	972.60
Dental	9.72	252.72	401k Loan	149.81	3,895.06	USHARE Contribution	0.00	1,301.89
Medical	52.83	1,373.58	Long Term Dis-Gen Ded	3.60	93.60			
Vision	5.30	137.80	Short Term Dis-Gen Ded	11.32	294.32			
			Addl AD&D	5.77	150.02			
			Addl Life	4.26	110.76			
			EPIC Points	0.00	40.00			
			Award	0.00	227.95			
TOTAL:	206.31	5,006.31	TOTAL:	175.24	4,824.19	*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,769.27	2,562.96	640.78	381.55	1,746.94
YTD	65,254.33	60,248.02	11,511.48	9,830.50	43,912.35

Leave Summary	Balance
Vacation Advanced	136.0
Vacation Earned	25.2
Sick	42.8

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
2268590	Checking	908427776	\$1,746.94
TOTAL:			\$1,746.94

MESSAGE:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Desiree Capuano 13820 S. 44th St #1244 Phoenix, AZ 85044 TELEPHONE NO.: 480-361-1650 FAX NO. (Optional): E-MAIL ADDRESS (Optional): desiree.capuano@gmail.com ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 200 West Compton Blvd MAILING ADDRESS: 200 West Compton Blvd CITY AND ZIP CODE: Compton, CA 90220 BRANCH NAME: South Central District	
PETITIONER/PLAINTIFF: Richard Riess RESPONDENT/DEFENDANT: Desiree Capuano OTHER PARENT/PARTY:	CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">TD035397</div> <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

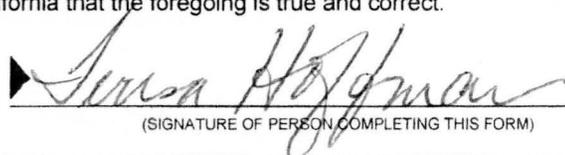
1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
 3341 E. Cochise Dr
 Phoenix, AZ 85028
3. I served a copy of the following documents (*specify*):
 FL-150 Income and Expense Declaration
 FL-335 Proof of Service by Mail

 by enclosing them in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served: Richard Riess by care of Horacio Lozano
 - b. Address: 14717 Hawthorne Blvd, Suite F
 Lawndale, CA 90260
 - c. Date mailed: 01/26/2014
 - d. Place of mailing (*city and state*): Phoenix, AZ
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 01/26/2014

Teresa Hoffman

(TYPE OR PRINT NAME)


 (SIGNATURE OF PERSON COMPLETING THIS FORM)