

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER:	
STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE	CASE NUMBER:

1. Under Family Code section 2105(d), the parties agree to waive the requirements of Family Code section 2105(a) concerning the final declaration of disclosure.

2. The parties agree as follows:
 - a. We have complied with Family Code section 2104, and the preliminary declarations of disclosure have been completed and exchanged.

 - b. We have completed and exchanged a current *Income and Expense Declaration* (form FL-150) that includes all material facts and information on each party's earnings, accumulations, and expenses.

 - c. We have fully complied with Family Law section 2102 and have fully augmented the preliminary declarations of disclosure, including disclosure of all material facts and information on
 - (1) the characterization of all assets and liabilities,
 - (2) the valuation of all assets that are community property or in which the community has an interest, and
 - (3) the amounts of all community debts and obligations.

 - d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.

 - e. Each party understands that this waiver does not limit the legal disclosure obligations of the parties but rather is a statement under penalty of perjury that those obligations have been fulfilled.

 - f. The parties also understand that if they do not comply with these obligations, the court will set aside the judgment.

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

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF PETITIONER)

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF RESPONDENT)