

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

SLADE SMILEY  
[Redacted]  
[Redacted]

FOR COURT USE ONLY

UNFORMED COPY  
OF ORIGINAL FILED  
Los Angeles Superior Court

OCT 23 2009

John A. Clarke, Executive Officer/Clerk

BY H. RAHIM, DEPUTY

TELEPHONE NO.: [Redacted] FAX NO. (Optional):

E-MAIL ADDRESS (Optional):  
ATTORNEY FOR: **IN PRO PER**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES  
STREET ADDRESS: 600 S. COMMONWEALTH AVENUE  
MAILING ADDRESS: SAME AS ABOVE  
CITY AND ZIP CODE: LOS ANGELES, CA 90005  
BRANCH NAME: CENTRAL CIVIL WEST

PETITIONER/PLAINTIFF: NICHILLE ARROYO

RESPONDENT/DEFENDANT: SLADE SMILEY

ORDER TO SHOW CAUSE  MODIFICATION  
 Child Custody  Visitation  Injunctive Order  
 Child Support  Spousal Support  Other (specify):  
 Attorney Fees and Costs STAY ALL ENFORCEMENT COLLECTION EFFORTS;  
DRIVER'S LICENSE RELEASE

CASE NUMBER:  
BL062375

- 1. TO (name): CHILD SUPPORT SERVICES DEPARTMENT
- 2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below.

a. Date: 2-16-10 Time: 9 AM  Dept: 24  Room: 1009

b. The address of the court is  same as noted above  other (specify):

c.  The parties are ordered to attend custody mediation services as follows:

3. THE COURT FURTHER ORDERS that a completed Application for Order and Supporting Declaration (form FL-310), a blank Responsive Declaration (form FL-320), and the following documents be served with this order:

- a. (1)  Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration
- (2)  Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified)
- (3)  Completed Property Declaration (form FL-160) and a blank Property Declaration
- (4)  Points and authorities
- (5)  Other (specify):

b.  Time for  service  hearing is shortened. Service must be on or before (date):  
Any responsive declaration must be served on or before (date):

c.  You are ordered to comply with the temporary orders attached.

d.  Other (specify):

MARJORIE S. STEINBERG

Date: OCT 23 2009

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file declarations in response to this order to show cause (including a completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least nine court days before the hearing date. Add five calendar days if you serve by mail within California. (See Code of Civil Procedure 1005 for other situations.) To determine court and calendar days, go to www.courtinfo.ca.gov/courthelp/courtcalendars/.

Request for Accommodations  
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for Request for Accommodations for Persons With Disabilities and Reasons (Form MC-410). (Civ. Code, § 64.6.)

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-300 (Rev. January 1, 2007)

ORDER TO SHOW CAUSE

Legal Solutions & Plus

Family Code, §§ 215, 270 et seq., 2023 et seq., 2020 et seq., 4300

Office of the Family... [Redacted]

PETITIONER: MICHELLE ARROYO  
RESPONDENT: SLADE SMILEY

CASE NUMBER:  
BL062375

APPLICATION FOR ORDER AND SUPPORTING DECLARATION

Petitioner  Respondent  Claimant **—THIS IS NOT AN ORDER—** requests the following orders:

- 1.  CHILD CUSTODY  To be ordered pending the hearing
  - a. Child (name, age)
  - b. Legal custody to  
(person who makes decisions about health, education, etc.) (name)
  - c. Physical custody to  
(person with whom child lives.) (name)

GRAYSON ARROYO-SMILEY 09

Modify existing order  
(1) filed on (date):  
(2) ordering (specify):

As requested in form  FL-311  FL-312  FL-341(C)  FL-341(D)  FL-341(E)

- 2.  CHILD VISITATION  To be ordered pending the hearing
  - a. As requested in: (1)  Attachment 2a (2)  Form FL-311 (3)  Other (specify):
  - b.  Modify existing order  
(1) filed on (date):  
(2) ordering (specify):
  - c.  One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one.) The orders are from the following court or courts (specify county and state):

(1)  Criminal: County/state: \_\_\_\_\_ (3)  Juvenile: County/state: \_\_\_\_\_  
 Case No. (if known): \_\_\_\_\_ Case No. (if known): \_\_\_\_\_

(2)  Family: County/state: \_\_\_\_\_ (4)  Other: County/state: \_\_\_\_\_  
 Case No. (if known): \_\_\_\_\_ Case No. (if known): \_\_\_\_\_

- 3.  CHILD SUPPORT (An earnings assignment order may be issued.)
  - a. Child (name, age)
  - b. Monthly amount (if not by guideline)

GRAYSON ARROYO-SMILEY 09 \$

c.  Modify existing order  
(1) filed on (date): 12-14-06  
(2) ordering (specify): \$3500.00

- 4.  SPOUSAL OR PARTNER SUPPORT (An earnings assignment order may be issued.)
  - a.  Amount requested (monthly): \$
  - b.  Terminate existing order  
(1) filed on (date):  
(2) ordering (specify):
  - c.  Modify existing order  
(1) filed on (date):  
(2) ordering (specify):

- 5.  ATTORNEY FEES AND COSTS a.  Fees: \$ b.  Costs: \$

**NOTE: To obtain domestic violence restraining orders, you must use the forms Request for Order (Domestic Violence Prevention) (form DV-100) and Temporary Restraining Order and Notice of Hearing (Domestic Violence Prevention) (form DV-110).**

PETITIONER: MICHELLE ARROYO	CASE NUMBER: BL062375
RESPONDENT: SLADE SMILEY	

6.  PROPERTY RESTRAINT  To be ordered pending the hearing
- a. The  petitioner  respondent  claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
- The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
- b.  Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
- c.  Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

7.  PROPERTY CONTROL  To be ordered pending the hearing
- a.  The petitioner  respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (specify):
- b.  The petitioner  respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
|-------------|--------------------------|---------------|

8.  I request that time for service of the *Order to Show Cause* and accompanying papers be shortened so that these documents may be served no less than (specify number): \_\_\_\_\_ days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

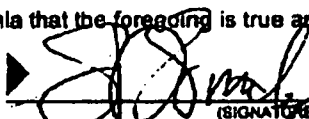
9.  OTHER RELIEF (specify): **STAY ALL ENFORCEMENT COLLECTION EFFORTS; DRIVER'S LICENSE RELEASE**

10.  FACTS IN SUPPORT of relief requested and change of circumstances for any modification are (specify):  contained in the attached declaration.

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

Date: 10/23/09

SLADE SMILEY \_\_\_\_\_  
(TYPE OR PRINT NAME)

 \_\_\_\_\_  
(SIGNATURE OF APPLICANT)

1 Arroyo vs Smiley

2 Due to my financial hardship, my home was surrendered to Countrywide bank in March of 2008. After 18 years in  
3 the title insurance industry my income was reduced to zero (\$0) by 5/15/08. Please see the attached exhibit A.  
4 On 5/16/08 I received a termination notice from my employer Land America Title. Please attached exhibit B.  
5 Land America has since filed for Bankruptcy. I obtained a new job on a TV series in June of 2008. On June 10th  
6 2008 I was informed by the IRS of an unknown tax deficiency against me in the amount of one hundred and four  
7 thousand dollars (\$104,000) please see attached exhibit C. On 6/25/08 I was informed by Entertainment Partners of  
8 the IRS Notice of Levy against my wages. My pay was reduced to one hundred and seventy two dollars a week  
9 (\$172.00 wk) Please see attached exhibits D, E and F. In August of 2008 I obtained new employment with Security  
10 Union Title company as a commission only sales rep. As the real estate market continued to collapse, I was unable  
11 to generate any income from my efforts and I was terminated 10/08/08 from Security Union Title. Please see  
12 attached exhibit G. My bank account was closed in March of 2009 by the bank Exhibit I and I have not had income  
13 in the last 13 months. I was borrowing money from family to live on until they could not lend me any more.  
14 I was finally forced to surrender my vehicle in April of 2009. Please see attached exhibit H. I am presently living  
15 with a friend as I continue to look for work. The IRS Levy has made it impossible to keep up with my court ordered  
16 child support as well as the court ordered fee's I was instructed to pay. I have been left indigent and financially  
17 destitute.

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Radars  
online.com

ATTORNEY OR PARTY WITHOUT ATTORNEY (Print, State Bar number, and address): <b>Slade Smiley</b> <del>Slade Smiley</del> <del>Slade Smiley</del>		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (If any):		<b>UNFORMED COPY</b> OF ORIGINAL FILED Los Angeles Superior Court  <b>Oct 23 2009</b> John A. Clarke, Executive Officer/Clerk  BY H. RAHIM, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 600 S. COMMONWEALTH AVE. MAILING ADDRESS: SAME AS ABOVE CITY AND ZIP CODE: LOS ANGELES, CA 90005 BRANCH NAME: CENTRAL CIVIL WEST		
PETITIONER/PLAINTIFF: <i>Michelle Arroyo</i> RESPONDENT/DEFENDANT: <i>Slade Smiley</i> OTHER PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: <b>BL0062375</b>

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

a. Employer: ~~Slade Smiley~~

b. Employer's address: ~~Slade Smiley~~

c. Employer's phone number: ~~Slade Smiley~~

d. Occupation: **Title insurance sales**

e. Date job started: **8.1.08**

f. If unemployed, date job ended: **10.8.08**

g. I work about **40** hours per week.

h. I get paid \$ **2500<sup>00</sup> + commission** gross (before taxes)  per month  per week  per hour.

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

(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): **41**

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):  Degree(s) obtained (specify):

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): **2007**

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. 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): **Not sure**

(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: **10-23-09**

**Slade D. Smiley** (TYPE OR PRINT NAME)  (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: <u>Michelle Arroyo</u> RESPONDENT/DEFENDANT: <u>Slade Smiley</u> OTHER PARENT/CLAIMANT:	CASE NUMBER: <u>BL0062375</u>
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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) .....	\$ <u>0</u>	<u>0</u>
b. Overtime (gross, before taxes) .....	\$ <u>0</u>	<u>0</u>
c. Commissions or bonuses .....	\$ <u>0</u>	<u>0</u>
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ <u>0</u>	<u>0</u>
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....	\$ <u>0</u>	<u>0</u>
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ <u>0</u>	<u>0</u>
g. Pension/retirement fund payments .....	\$ <u>0</u>	<u>0</u>
h. Social security retirement (not SSI) .....	\$ <u>0</u>	<u>0</u>
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ <u>0</u>	<u>0</u>
j. Unemployment compensation .....	\$ <u>0</u>	<u>0</u>
k. Workers' compensation .....	\$ <u>0</u>	<u>0</u>
l. Other (military BAQ, royalty payments, etc.) (specify): .....	\$ <u>0</u>	<u>0</u>

6. Investment Income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest .....	\$ <u>0</u>	<u>0</u>
b. Rental property income .....	\$ <u>0</u>	<u>0</u>
c. Trust income .....	\$ <u>0</u>	<u>0</u>
d. Other (specify): .....	\$ <u>0</u>	<u>0</u>

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 .....	\$ <u>0</u>
b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....	\$ <u>0</u>
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ <u>?</u>
d. Child support that I pay for children from other relationships .....	\$ <u>0</u>
e. Spousal support that I pay by court order from a different marriage .....	\$ <u>0</u>
f. Partner support that I pay by court order from a different domestic partnership .....	\$ <u>0</u>
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$ <u>0</u>

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ <u>0</u>
b. Stocks, bonds, and other assets I could easily sell .....	\$ <u>0</u>
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$ <u>0</u>

PETITIONER/PLAINTIFF: <u>Michelle Arroyo</u> RESPONDENT/DEFENDANT: <u>Slade Smiley</u> OTHER PARENT/CLAIMANT:	CASE NUMBER: <u>BL 0067375</u>
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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. <u>Gretchen Rossi</u>	<u>31</u>	<u>Friend</u>		<input checked="" 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>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage ..... \$ <u>0</u></p> <p style="margin-left: 20px;">if mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ <u>0</u></p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ <u>0</u></p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance ... \$ <u>0</u></p> <p>c. Child care ..... \$ <u>0</u></p> <p>d. Groceries and household supplies ..... \$ <u>0</u></p> <p>e. Eating out ..... \$ <u>0</u></p> <p>f. Utilities (gas, electric, water, trash) ..... \$ <u>0</u></p> <p>g. Telephone, cell phone, and e-mail ..... \$ <u>0</u></p> | <p>h. Laundry and cleaning ..... \$ <u>0</u></p> <p>i. Clothes ..... \$ <u>0</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>0</u></p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ <u>0</u></p> <p>n. Savings and investments ..... \$ <u>0</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>0</u></p> <p>q. Other (specify): ..... \$ _____</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>0</u></p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

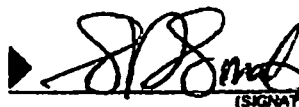
15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ 40,000
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

Slade D. Smiley  
(TYPE OR PRINT NAME OF ATTORNEY)

  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Michelle Araya	CASE NUMBER:
RESPONDENT/DEFENDANT: Stade Smiley	BL 0062375
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): 1 children under the age of 18 with the other parent in this case.
- b. The children spend 1% percent of their time with me and 99% 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.)

We have a 60-40 Agreement. the child is a Brain Cancer patient and Spends most of his time with Mother do to illness.

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 ..... \$ in excess of 1 Million dollars.
- 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):

Child is a Brain Cancer patient.

- (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):

Please See Attached.