

ORIGINAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
 Richard E. Masson, Esq.
 Masson & Patini, LLP
 [REDACTED]
 TELEPHONE NO.: [REDACTED] FAX NO. (Optional): [REDACTED]
 E-MAIL ADDRESS (Optional): [REDACTED]
 ATTORNEY FOR (Name): Janine Lindemulder

SBN: 198331

FOR COURT USE ONLY

FILED
 SUPERIOR COURT OF CALIFORNIA
 COUNTY OF ORANGE
 LAMOREAUX JUSTICE CENTER
 MAY 17 2010
 ALAN CARLSON, Clerk of the Court
 BY: [Signature]
 J. SANCHEZ DEPUTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE

STREET ADDRESS: 341 The City Drive South
 MAILING ADDRESS: P. O. Box 14171
 CITY AND ZIP CODE: Orange, 92863-1571
 BRANCH NAME: Lamoreaux Justice Center (LJC)

PETITIONER/PLAINTIFF: JESSE JAMES
 RESPONDENT/DÉFENDANT: JANINE LINDEMULDER

- ORDER TO SHOW CAUSE**
- | | | |
|---|--|---|
| <input type="checkbox"/> Child Custody | <input checked="" type="checkbox"/> MODIFICATION | <input type="checkbox"/> Injunctive Order |
| <input checked="" type="checkbox"/> Child Support | <input type="checkbox"/> Visitation | <input type="checkbox"/> Other (specify): |
| <input checked="" type="checkbox"/> Attorney Fees and Costs | <input type="checkbox"/> Spousal Support | |

CASE NUMBER:
 03D004891

940

- TO (name): Jesse James
- 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: 6-17-2010 Time: 9:00a Dept.: L-71 Room:

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:

- Completed *Income and Expense Declaration* (form FL-150) and a blank *Income and Expense Declaration*
- Completed *Financial Statement (Simplified)* (form FL-155) and a blank *Financial Statement (Simplified)*
- Completed *Property Declaration* (form FL-160) and a blank *Property Declaration*
- Points and authorities
- 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):

- You are ordered to comply with the temporary orders attached.
- Other (specify):

Date: **MAY 17 2010**

[Signature]
 JUDICIAL OFFICER
 Judge Michael J. Naughton

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/selfhelp/courtcalendars/.

Requests 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 by Persons With Disabilities and Response (Form MC-410). (Civil Code, § 54.8.)

CASE ASSIGNED TO Schutte

ORDER TO SHOW CA

08100820660
 03D004891

JAMES
 LINDEMULDER

PETITIONER: JESSE JAMES RESPONDENT: JANINE LINDEMÜLDER	CASE NUMBER: 03D004891
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APPLICATION FOR ORDER AND SUPPORTING DECLARATION
 —THIS IS NOT AN ORDER—

Petitioner Respondent Claimant requests the following orders:

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

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) <input type="checkbox"/> Criminal: County/state: _____ Case No. (if known): _____	(3) <input type="checkbox"/> Juvenile: County/state: _____ Case No. (if known): _____
(2) <input type="checkbox"/> Family: County/state: _____ Case No. (if known): _____	(4) <input type="checkbox"/> Other: County/state: _____ 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)
 Summary 6 \$ Guideline

c. Modify existing order

(1) filed on (date): 02/20/2009
 (2) ordering (specify): Pet.'s 5/14/08 child support obligation of \$6,000 per month terminates on 03/01/09 until such time Resp.'s regains joint legal & physical custody of minor child and is living with Resp. per orders

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: \$5,000.00

b. Costs: \$ Actual

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: JESSE JAMES RESPONDENT: JANINE LINDEMULDER	CASE NUMBER: 03D004891
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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):
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: May 14, 2010

Janine Lindemulder
 (TYPE OR PRINT NAME)

SIGNATURE ON ATTACHED FACSIMILE

 (SIGNATURE OF APPLICANT)

PETITIONER: JESSE JAMES	CASE NUMBER: 03D004891
RESPONDENT: JANINE LINDEMULDER	

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 Date: May 14, 2010

Janine Lindemulder
 (TYPE OR PRINT NAME)

Janine Lindemulder
 (SIGNATURE OF APPLICANT)

PLAINTIFF/PETITIONER: JESSE JAMES
 DEFENDANT/RESPONDENT: JANINE LINDEMULDER

CASE NUMBER:
 03DO04891

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

Pursuant to Sections 4055, 4057, 4061 and 4062 of the Family Code, I am requesting a modification of the current child support order.

As set forth in my Income & Expense Declaration concurrently filed herewith, my average gross monthly income over the last 12 months is approximately \$3,080.00.

At the June 14, 2010 review hearing, I anticipate that the current custodial arrangement will be modified. Specifically, I anticipate regaining legal and physical custody of our daughter. In addition, and based upon the evidence that will be presented at the hearing, I anticipate that the court will reinstitute the 50-50 custodial timeshare that Petitioner and I enjoyed previously.

Additionally, due to my limited financial resources I am unable to pay any attorney fees and/or costs. Fortunately, I have been able to retain an attorney for the upcoming June 14, 2010 review hearing. Although I sincerely hope there are not, based upon the history of this case I anticipate further hearings in relation to this matter. As such, and pursuant to Sections 2030 and 2032 of the Family Code, I am requesting \$5,000.00 from the Petitioner so that I may retain an attorney.

Good cause exists to grant my requests in that the not only do I have a need based upon my current financial situation, but Petitioner certainly has the ability to provide the relief requested. Indeed, as set forth in my Income & Expense Declaration, my income does not even cover my anticipated and proposed costs once I return back to California and regain custody. Furthermore, I am completely broke, unable to obtain credit from any third party other than family, and I will incur substantial costs as a result of relocating to California.

In contrast, Petitioner has already declared that he qualifies as having an "extraordinary high income" and thus, is able to pay any child support the court may order.

Moreover, Petitioner owns several businesses, homes, vehicles, etc. Simply stated, the disparity between Petitioner and my income is enormous. Therefore, it is appropriate and proper to grant the relief requested per Sections 2030 and 2032 of the Family Code.

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

Date: May 14, 2010

SIGNATURE ON ATTACHED FACSIMILE

Janine Lindemulder

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
 Respondent Other (Specify):

PLAINTIFF/PETITIONER: JESSE JAMRS DEFENDANT/RESPONDENT: JANINE LINDEMULDER	CASE NUMBER: 0310004891
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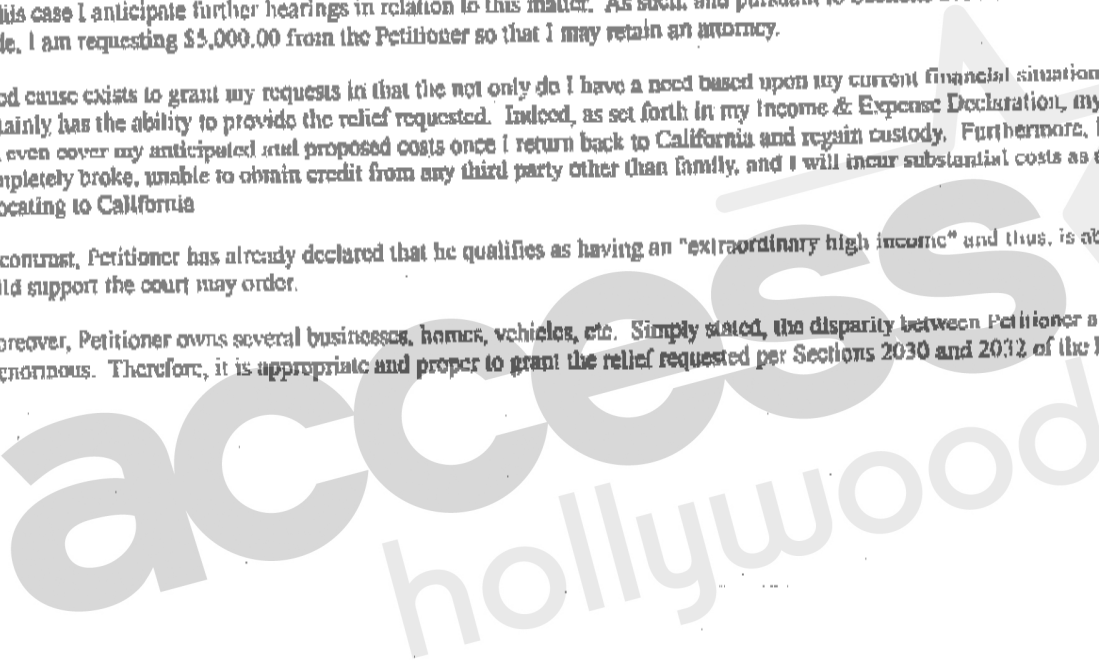
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Moreover, Petitioner owns several businesses, homes, vehicles, etc. Simply stated, the disparity between Petitioner and my income is enormous. Therefore, it is appropriate and proper to grant the relief requested per Sections 2030 and 2032 of the Family Code.



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

Date: May 14, 2010

Janine Lindemulder
(TYPE OR PRINT NAME)

Janine Lindemulder
(SIGNATURE OF DECLARANT)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other (Specify):

ORIGINAL

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
 Richard E. Masson, Esq.
 Masson & Fatini, LLP
 [REDACTED]
 TELEPHONE NO.: [REDACTED] fax: [REDACTED]
 E-MAIL ADDRESS (Optional): [REDACTED]
 ATTORNEY FOR (Name): Janine Lindemulder

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE
 STREET ADDRESS: 341 The City Drive South
 MAILING ADDRESS: P. O. Box 14171
 CITY AND ZIP CODE: Orange, 92863-1571
 BRANCH NAME: Lamoreaux Justice Center (LJC)

PETITIONER/PLAINTIFF: JESSE JAMES
 RESPONDENT/DEFENDANT: JANINE LINDEMULDER
 OTHER PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION

SBN: 198331

FILED
 SUPERIOR COURT OF CALIFORNIA
 COUNTY OF ORANGE
 LAMOREAUX JUSTICE CENTER
 MAY 17 2010
 ALAN CARLSON, Clerk of the Court
 BY: T. Sanchez DEPUTY

CASE NUMBER: 03D004891

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: Campus Marketing Specialists
- b. Employer's address: 815 Second Ave., Suite 300, Portland, OR 97204
- c. Employer's phone number: (800) 795-4267
- d. Occupation: File Clerk
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about 33.5 hours per week.
- h. I get paid \$ 8.50 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): 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): Certificate College Course in "Clowning" - the Art of & Ethics of "Clowning" in hospitals

3. Tax information

- a. I last filed taxes for tax year (specify year): 2009
- 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): Oregon
- 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): \$ Unknown
This estimate is based on (explain):

(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:
 Janine Lindemulder
 (TYPE OR PRINT NAME)

SIGNATURE ON ATTACHED FACSIMILE
 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: **JESSE JAMES**
 RESPONDENT/DEFENDANT: **JANINE LINDEMULDER**
 OTHER PARENT/CLAIMANT:

CASE NUMBER:
03D004891

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)	\$ 1,170	1,170
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): Royalty payments from Vivid/Deo & website	\$ 1,910	1,610

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):
 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):
 Respondent has retired from the Adult Industry and is now learning a new trade.

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	\$ 400
b. Stocks, bonds, and other assets I could easily sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 500

PETITIONER/PLAINTIFF: JESSE JAMES RESPONDENT/DEFENDANT: JANINE LINDEMULDER OTHER PARENT/CLAIMANT:	CASE NUMBER: 03D004891
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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. Jeremy Aikman	32	husband	500	<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 ^{*** (page 4, #20)}

a. Home: <ul style="list-style-type: none"> (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ <u>3,000</u> <li style="margin-left: 20px;">If mortgage: <ul style="list-style-type: none"> (a) average principal: \$ _____ (b) average interest: \$ _____ (2) Real property taxes \$ _____ (3) Homeowner's or renter's insurance (if not included above) \$ <u>20</u> (4) Maintenance and repair \$ _____ b. Health-care costs not paid by insurance... \$ <u>300</u> c. Child care \$ <u>500</u> d. Groceries and household supplies \$ <u>1,000</u> e. Eating out \$ <u>400</u> f. Utilities (gas, electric, water, trash) \$ <u>300</u> g. Telephone, cell phone, and e-mail \$ <u>400</u>	h. Laundry and cleaning \$ <u>100</u> i. Clothes \$ <u>500</u> j. Education \$ <u>150</u> k. Entertainment, gifts, and vacation \$ <u>500</u> l. Auto expenses and transportation (Insurance, gas, repairs, bus, etc.) \$ <u>500</u> m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ... \$ _____ n. Savings and investments \$ _____ o. Charitable contributions \$ <u>100</u> 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)) \$ <u>7,770.00</u>	
s. Amount of expenses paid by others \$ _____	

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.): 5,000.00

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ Pro Bono
- b. The source of this money was (specify): Pro Bono
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ Pro Bono
- d. My attorney's hourly rate is (specify): \$ \$325 + Costs

I confirm this fee arrangement.

Date: 5/13/10

Richard E. Masson, Esq.
(TYPE OR PRINT NAME OF ATTORNEY)


(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: JESSE JAMES RESPONDENT/DEFENDANT: JANINE LINDEMULDER OTHER PARENT/CLAIMANT:	CASE NUMBER: 03D004891
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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 TBD percent of their time with me and TBD 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.....	\$ <u>500</u>
b. Children's health care not covered by insurance.....	\$ _____
c. Travel expenses for visitation.....	\$ <u>100</u>
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): My mother gave me a gift of \$3,000.00 to help with my living expenses. I am currently living in a halfway-house. The expenses listed on page 3 are based upon my anticipated expenses upon my return to California.