

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Henrik Karapetian, Esq.</b> 259223 <b>The Law Office of Henrik Karapetian</b> <b>100 N. Brand Blvd., Suite 207</b> <b>Glendale, California 91203</b> TELEPHONE NO.: 818-476-0092 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Desiree Capuano</b>		FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles</b> STREET ADDRESS: 200 W. Compton Blvd. MAILING ADDRESS: same CITY AND ZIP CODE: Compton, 90220 BRANCH NAME: South Central		
PETITIONER/PLAINTIFF: <b>Richard Riess</b> RESPONDENT/DEFENDANT: <b>Desiree Capuano</b> OTHER PARENT/CLAIMANT:		
<b>INCOME AND EXPENSE DECLARATION</b>		
		CASE NUMBER: <b>TD 035397</b>

**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).

- Employer: The Apollo Group
- Employer's address: 4620 E. Elwood St, Phoenix AZ 85040
- Employer's phone number:
- Occupation: Production Support Owner (PSO)
- Date job started: 2/29/08
- If unemployed, date job ended:
- I work about 40 hours per week.
- I get paid \$ 4838.58 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**

- My age is (specify): 31
- I have completed high school or the equivalent: ☒ Yes ☐ No If no, highest grade completed (specify):
- Number of years of college completed (specify): 2 ☒ Degree(s) obtained (specify): Associates of Science
- Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- I have: ☐ professional/occupational license(s) (specify):  
☐ vocational training (specify):

**3. Tax information**

- ☒ I last filed taxes for tax year (specify year): 2010
- My tax filing status is ☒ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name):
- I file state tax returns in ☐ California ☒ other (specify state): Arizona
- 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): \$ 0  
This estimate is based on (explain): Unemployed but has ability to earn over \$175,000 per year

(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:

Desiree Capuano

(TYPE OR PRINT NAME)

Signature via FAX

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Henrik Karapetian, Esq.</b> 259223 The Law Office of Henrik Karapetian 100 N. Brand Blvd., Suite 207 Glendale, California 91203 TELEPHONE NO.: 818-476-0092 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Desiree Capuano.</b>		FOR COURT USE ONLY
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- Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- I have: ☐ professional/occupational license(s) (specify):  
☐ vocational training (specify):

## 3. Tax information

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- My tax filing status is ☒ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name):
- I file state tax returns in ☐ California ☒ other (specify state): Arizona
- I claim the following number of exemptions (including myself) on my taxes (specify): 2

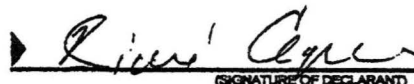
4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$0  
This estimate is based on (explain): Unemployed but has ability to earn over \$175,000 per year

(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: 1/18/2012  
Desiree Capuano

(TYPE OR PRINT NAME)

  
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: <b>Richard Riess</b> RESPONDENT/DEFENDANT: <b>Desiree Capuano</b> OTHER PARENT/CLAIMANT:	CASE NUMBER: <b>TD 035397</b>
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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) .....	\$ 4697.66	4838.5
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 .....	\$	
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 .....	\$ 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 .....	\$	
j. Unemployment compensation .....	\$	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.** ..... \$ 0

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 .....	\$
b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....	\$ 28.36
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ 181.00
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") .....	\$ 275.00

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ 100.00
b. Stocks, bonds, and other assets I could easily sell .....	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$

PETITIONER/PLAINTIFF: Richard Riess RESPONDENT/DEFENDANT: Desiree Capuano OTHER PARENT/CLAIMANT:	CASE NUMBER: TD 035397
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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. S. Capuano	8	son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Kris Lauchner	37	fiance	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

## a. Home:

- (1) ☒ Rent or ☐ mortgage... \$ 1250.00  
 If mortgage:  
 (a) average principal: \$ \_\_\_\_\_  
 (b) average interest: \$ \_\_\_\_\_
- (2) Real property taxes ..... \$ \_\_\_\_\_
- (3) Homeowner's or renter's insurance  
 (if not included above) ..... \$ 25.00
- (4) Maintenance and repair ..... \$ \_\_\_\_\_
- b. Health-care costs not paid by insurance... \$ 140.00
- c. Child care ..... \$ 120.00
- d. Groceries and household supplies ..... \$ 800.00
- e. Eating out ..... \$ 100.00
- f. Utilities (gas, electric, water, trash) ..... \$ 150.00
- g. Telephone, cell phone, and e-mail ..... \$ 160.00

- h. Laundry and cleaning ..... \$ 25.00
- i. Clothes ..... \$ 150.00
- j. Education ..... \$ \_\_\_\_\_
- k. Entertainment, gifts, and vacation ..... \$ 300.00
- l. Auto expenses and transportation  
 (insurance, gas, repairs, bus, etc.) ..... \$ 300.00
- m. Insurance (life, accident, etc.; do not  
 include auto, home, or health insurance) ... \$ 47.82
- n. Savings and investments ..... \$ 272.94
- o. Charitable contributions ..... \$ \_\_\_\_\_
- p. Monthly payments listed in item 14  
 (itemize below in 14 and insert total here) ... \$ 1416.14
- q. Other (specify): ..... \$ \_\_\_\_\_

r. **TOTAL EXPENSES** (a-q) (do not add in  
 the amounts in a(1)(a) and (b)) \$ 5256.90

s. **Amount of expenses paid by others** \$ 0

## 14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Direct Loans	Student Loans	\$ 160.83	\$ 42,208.00	5/2011
ACS	Student Loans	\$ 60.31	\$ 5,148.29	12/30/2011
Chase Auto	Ford Focus	\$ 460.00	\$ 13,702.32	12/30/2011
Kenneth Eisen & Associates	Bad Debt	\$ 60.00	\$ 1,700	1/3/2012
IRS	Taxes owed from 2008	\$ 250.00	\$ 4,000	12/15/2011
David Goldfarb Esq.	AZ Case FC 2011-093719	\$ 425.00	\$ 5,931.73	1/3/2011

## 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	CASE NUMBER:
RESPONDENT/DEFENDANT: Desiree Capuano	TD 035397
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 \_\_\_\_\_ 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.)
- Shared visitation; Academic school year with Father. Summer, spring, and winter vacations along with every other 3-day federal holiday with Mother.

## 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(health), Cigna(dental), VSP(vision)
- c. Address of insurance company:  
Aetna - P.O. Box 14079, Lexington KY, 40512; Cigna -
- d. The monthly cost for the children's health insurance is or would be (specify): \$ 117.82 per month  
(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 . . . . . \$ 100.00
- c. Travel expenses for visitation . . . . . \$ 350.00
- 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 . . . . . \$ 300
- (2) Names and ages of those children (specify):
- S Capuano - 8 years old - boy

(3) Child support I receive for those children. . . . . \$ 0

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

I retain sole physical custody of my son but do not receive any financial assistance.

## 20. Other information I want the court to know concerning support in my case (specify):

## Attachment to Income and Expense Declaration

### 10g.

1. Gas to & from the office	100.00
2. Lunch alone and with coworkers	75.00
3. Home internet required for off-hours work	75.00
4. iPhone accessories	25.00

### 13k.

1. Family Vacations = $1,575.00 / 12 \sim$	135.00
2. Holidays & B-days (2 Boys) = $500 / 12 \sim$	85.00
3. G [REDACTED] vacation travel = \$300 per month	300.00

### 13l.

1. Gas	300.00
2. Insurance	130.00
3. Oil Change	45.00
4. Misc (tires, registration, repairs, etc)	30.00



CO FILE #  
PCSDG6 000119462

001681-001681



Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

## Earnings Statement

Page 001 of 001  
Period Ending: 10/29/2011  
Advice Date: 11/04/2011  
Advice Number: 0000842628  
Batch Number: 000000000074

Exemptions Addl Amt Addl %  
Fed: S-3  
AZ: 1.80%

DESIREE YVONNE CAPUANO  
20100 N. 78th Pl #1080  
Scottsdale, AZ 85255

Earnings	Rate	Hours	This Period	Year-to-Date
Regular			2348.83	46034.95
Regular	29.36	-16.00	-469.77	
Vacation Salaried	29.36	16.00	469.77	3653.04
Sick Pay			0.00	1644.17
Unpaid Time Sal			0.00	-84.56
Retroactive Pay			0.00	712.70
Gross Pay			2348.83	51960.30

### Tax Deductions

Fed Withholding	265.20	7384.42
Fed MED/EE	33.09	732.13
Fed OASDI/EE	95.84	2120.66
AZ Withholding	38.96	862.02
Total Tax Deductions	433.09	11099.23

### Additional Deductions

*401(k)	117.44	2597.99
Child Life	0.48	10.56
*Dental Vision	8.31	182.82
401k Loan	14.18	311.96
Long Term Dis-Gen Ded	3.44	75.68
*Medical	58.43	1285.46
Short Term Dis-Gen Ded	9.00	198.00
Addl AD&D	8.77	192.94
Addl Life	2.22	48.84
Total Additional Deductions	222.27	4904.25

\* Excluded from Taxable Wages

Net Pay	1693.47	35956.82
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Continued This Period Year-to-Date

### Other Information

Fed Taxable Wages 2164.65 47894.03

### Employer Paid Benefits

401(k) 35.23 779.38

\*Taxable Benefit

### Leave Summary

	Balance
Sick	24.76
Vacation Balance	128.00
Vacation Earned	1.23-

### Bank Transaction Summary

Trans	Type	Account	Amount
Deposit	Checking	XXXXX7776	1,693.47

### Message

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Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Advice Number: 0000842628  
Advice Date: 11/04/2011

Deposited to the account of  
DESIREE YVONNE CAPUANO

Account Number  
Checking XXXXX7776

Trans ABA  
2210024

Amount  
1693.47

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO FILE #  
PCSDG6 000119462

001722-001722



Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Exemptions Addl Amt Addl %  
Fed: S-3  
AZ: 1.80%

## Earnings Statement

Page 001 of 001  
Period Ending: 11/12/2011  
Advice Date: 11/18/2011  
Advice Number: 0000871188  
Batch Number: 000000000076

DESIREE YVONNE CAPUANO  
9153 N. 84th Dr  
Peoria, AZ 85345

Earnings	Rate	Hours	This Period	Year-to-Date
Regular			2348.83	47679.13
Regular	29.36	-24.00	-704.65	
Vacation Salaried	29.36	24.00	704.65	4357.69
Sick Pay			0.00	1644.17
Unpaid Time Sal			0.00	-84.56
Retroactive Pay			0.00	712.70
Gross Pay			2348.83	54309.13

### Tax Deductions

Fed Withholding	265.20	7649.62
Fed MED/EE	33.09	765.22
Fed OASDI/EE	95.85	2216.51
AZ Withholding	38.96	900.98
Total Tax Deductions	433.10	11532.33

### Additional Deductions

*401(k)	117.44	2715.43
Child Life	0.48	11.04
*Dental Vision	8.31	191.13
401k Loan	14.18	326.14
Long Term Dis-Gen Ded	3.44	79.12
*Medical	58.43	1343.89
Short Term Dis-Gen Ded	9.00	207.00
Addl AD&D	8.77	201.71
Addl Life	2.22	51.06
Total Additional Deductions	222.27	5126.52

\* Excluded from taxable wages

Net Pay	1693.46	37630.28
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Continued This Period Year-to-Date

### Other Information

Fed Taxable Wages 2164.65 50058.68

### Employer Paid Benefits

401(k) 35.23 814.61

\*Taxable Benefit

### Leave Summary

	Balance
Sick	26.30
Vacation Balance	104.00
Vacation Earned	19.08-

### Bank Transaction Summary

Trans	Type	Account	Amount
Deposit	Checking	XXXXX7776	1,693.46

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Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Advice Number: 0000871188  
Advice Date: 11/18/2011

Deposited to the account of  
DESIREE YVONNE CAPUANO

Account Number: XXXXX7776  
Trans: ABA  
Amount: 1693.46

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**



CO FILE #  
PCSDG6 000119462

001734-001733



Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

## Earnings Statement

Page 001 of 001  
Period Ending: 11/26/2011  
Advice Date: 12/02/2011  
Advice Number: 0000899216  
Batch Number: 000000000078

Exemptions Addl Amt Addl %  
Fed: S-3  
AZ: 1.80%

DESIREE YVONNE CAPUANO  
9153 N. 84th Dr  
Peoria, AZ 85345

Earnings	Rate	Hours	This Period	Year-to-Date
Regular			2348.83	49793.08
Regular	29.36	-8.00	-234.88	
Vacation Salaried	29.36	8.00	234.88	4592.57
Sick Pay			0.00	1644.17
Unpaid Time Sal			0.00	-84.56
Retroactive Pay			0.00	712.70
Gross Pay			2348.83	56657.96

### Tax Deductions

Fed Withholding	265.20	7914.82
Fed MED/EE	33.09	798.31
Fed OASDI/EE	95.85	2312.36
AZ Withholding	38.96	939.94
Total Tax Deductions	433.10	11965.43

### Additional Deductions

*401(k)	117.44	2832.87
Child Life	0.48	11.52
*Dental Vision	8.31	199.44
401k Loan	14.18	340.32
Long Term Dis-Gen Ded	3.44	82.56
*Medical	58.43	1402.32
Short Term Dis-Gen Ded	9.00	216.00
Addl AD&D	8.77	210.48
Addl Life	2.22	53.28
Total Additional Deductions	222.27	5348.79

\* Excluded from Taxable Wages

Net Pay	1693.46	39343.74
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Continued This Period Year-to-Date

### Other Information

Fed Taxable Wages 2164.65 52223.33

### Employer Paid Benefits

401(k) 35.23 849.84  
\*Taxable Benefit

### Leave Summary

	Balance
Sick	27.84
Vacation Balance	96.00
Vacation Earned	20.92-

### Bank Transaction Summary

Trans	Type	Account	Amount
Deposit	Checking	XXXXX7776	1,693.46

### Message

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Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Advice Number: 0000899216

Advice Date: 12/02/2011

Deposited to the account of  
DESIREE YVONNE CAPUANO

Account Number  
Checking XXXXX7776

Transit ABA  
22100024

Amount  
1693.46

THIS IS NOT A CHECK  
NON-NEGOTIABLE

CO FILE #  
PCSDG6 000119462

001739-001737



Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Exemptions Addl Amt Addl %  
Fed: S-3  
AZ: 1.80%

## Earnings Statement

Page 001 of 001  
Period Ending: 12/10/2011  
Advice Date: 12/16/2011  
Advice Number: 0000927062  
Batch Number: 000000000080

DESIREE YVONNE CAPUANO  
9153 N. 84th Dr  
Peoria, AZ 85345

Earnings	Rate	Hours	This Period	Year-to-Date
Regular			2348.83	51437.26
Regular	29.36	-24.00	-704.65	
Vacation Salaried	29.36	24.00	704.65	5297.22
Sick Pay			0.00	1644.17
Unpaid Time Sal			0.00	-84.56
Retroactive Pay			0.00	-712.70
Gross Pay			2348.83	50006.79

### Tax Deductions

Fed Withholding	265.20	8180.02
Fed MED/EE	33.10	831.41
Fed OASDI/EE	95.85	2408.21
AZ Withholding	38.96	978.90
Total Tax Deductions	433.11	12398.54

### Additional Deductions

*401(k)	117.44	2950.31
Child Life	0.48	12.00
*Dental Vision	8.31	207.75
401k Loan	14.18	354.50
Long Term Dis-Gen Ded	3.44	86.00
*Medical	58.43	1460.75
Short Term Dis-Gen Ded	9.00	225.00
Addl AD&D	8.77	219.25
Addl Life	2.22	55.50
Total Additional Deductions	222.27	5571.06

\* Excluded from taxable Wages

Net Pay	1693.45	4100.00
---------	---------	---------

Continued This Period Year-to-Date

### Other Information

Fed Taxable Wages 2164.65 54387.98

### Employer Paid Benefits

401(k) 35.23 885.07

\*Taxable Benefit

### Leave Summary

	Balance
Sick	29.38
Vacation Balance	72.00
Vacation Earned	38.77-

### Bank Transaction Summary

Trans	Type	Account	Amount
Deposit	Checking	XXXXX7776	1,693.45

### Message

Apollo Ethics Helpline  
Confidential and Anonymous - 24/7  
1-888-310-9569 or www.apollohelpline.com

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Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Advice Number: 0000927062

Advice Date: 12/16/2011

Deposited to the account of  
DESIREE YVONNE CAPUANO

Account Number  
Checking XXXXX7776

Trans: ABA  
22160024 Amount  
1693.45

THIS IS NOT A CHECK  
NON-NEGOTIABLE

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CO FILE #  
PCSDG6 000119462

001693-001693



Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

## Earnings Statement

Page 001 of 001  
Period Ending: 12/24/2011  
Advice Date: 12/30/2011  
Advice Number: 0000955046  
Batch Number: 000000000082

Exemptions Addl Amt Addl %  
Fed: S-2  
AZ: 1.80%

DESIREE YVONNE CAPUANO  
9153 N. 84th Dr  
Peoria, AZ 85345

Earnings	Rate	Hours	This Period	Year-to-Date
Retroactive Pay			310.06	1022.76
Regular			2419.29	53614.62
Regular	30.24	-8.00	-241.93	
Holiday Salaried	30.24	8.00	241.93	241.93
Vacation Salaried			0.00	5297.22
Sick Pay			0.00	1644.17
Unpaid Time Sal			0.00	-84.56
Gross Pay			2729.35	61736.14

### Tax Deductions

Fed Withholding	391.16	8571.18
Fed MED/EE	38.60	870.01
Fed OASDI/EE	111.83	2520.04
AZ Withholding	45.48	1024.38
Total Tax Deductions	587.07	12985.61

### Additional Deductions

*401(k)	136.47	3086.78
Child Life	0.48	12.48
*Dental Vision	8.31	216.06
401k Loan	14.18	368.68
Long Term Dis-Gen Ded	3.44	89.44
*Medical	58.43	1519.18
Short Term Dis-Gen Ded	9.00	234.00
Addl AD&D	8.77	228.02
Addl Life	2.22	57.72
Total Additional Deductions	241.30	5812.36

\* Excluded from Taxable Wages

Net Pay	1900.98	42938.17
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Continued This Period Year-to-Date

### Other Information

Fed Taxable Wages 2526.14 56914.12

### Employer Paid Benefits

401(k) 40.94 926.01  
\*Taxable Benefit

### Leave Summary

	Balance
Sick	30.92
Vacation Balance	72.00
Vacation Earned	32.62-

### Bank Transaction Summary

Trans	Type	Account	Amount
Deposit	Checking	XXXXX7776	1,900.98

### Message

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VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

Apollo Group Inc  
4025 S Riverpoint Parkway  
Phoenix, AZ 85040-1958  
Mail Stop: CF-K704 602-557-6947

Advice Number: 0000955046  
Advice Date: 12/30/2011

Deposited to the account of  
DESIREE YVONNE CAPUANO

Account Number: XXXXX7776  
Trans: ABA  
Amount: 1900.98

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Henrik Karapetian, Esq.</b> 259223 <b>The Law Office of Henrik Karapetian</b> <b>100 North Brand Blvd., Suite 207</b> <b>Glendale, California 91203</b>  TELEPHONE NO.: 818-476-0092 FAX NO. (Optional): 818-937-0862 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Desiree Capuano</b>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles</b> STREET ADDRESS: <b>200 W. Compton Blvd.</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Compton, 90220</b> BRANCH NAME: <b>South Central</b>	
PETITIONER/PLAINTIFF: <b>Richard Riess</b>	
RESPONDENT/DEFENDANT: <b>Desiree Capuano</b>	
<b>PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL</b>	CASE NUMBER: <b>TD 035397</b>

(Do not use this Proof of Service to show service of a Summons and Complaint.)

- I am over 18 years of age and not a party to this action. I am a resident of or employed in the county where the mailing took place.
- My residence or business address is:  
 100 North Brand Blvd., Suite 207  
 Glendale, California 91203
- On (date): 1/19/2012 I mailed from (city and state): Glendale, California  
 the following documents (specify):  
 Responsive Declaration to OSC (FL-320), Declaration of Desiree Capuano, Income and expense declaration

☐ The documents are listed in the Attachment to Proof of Service by First-Class Mail—Civil (Documents Served) (form POS-030(D)).

- I served the documents by enclosing them in an envelope and (check one):
  - ☒ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - ☐ placing the envelope for collection and mailing 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.
- The envelope was addressed and mailed as follows:
  - Name of person served: **Richard Riess**
  - Address of person served:  
 [redacted] Lincoln St.  
 Carson, CA 90745

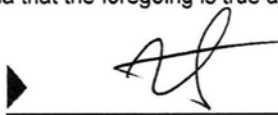
☐ The name and address of each person to whom I mailed the documents is listed in the Attachment to Proof of Service by First-Class Mail—Civil (Persons Served) (POS-030(P)).

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

Date: 1/19/2012

Henrik Karapetian

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)



(SIGNATURE OF PERSON COMPLETING THIS FORM)