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**SUPERIOR COURT OF CALIFORNIA**  
**COUNTY OF SAN DIEGO**  
**FAMILY LAW CENTRAL**

Marriage of:

Petitioner: MICHELE LALLY

Respondent: CLIFF ROEPKE

No. D472021 DUS

**DECLARATION OF CLIFFORD L.  
ROEPKE**

I, CLIFFORD L. ROEPKE, declare as follows:

1. I am the Respondent in this matter. I have personal knowledge of the facts stated in the declaration, except those stated on information and belief, which facts I believe to be true. I am competent to testify to all of the facts stated herein, and if called upon by any court, I could and would so testify.
2. I live in San Mateo County and Petitioner lives in San Diego County.
3. I am represented by Jac F. Pouliot of the Law Offices of E. Gregory Alford.
4. This declaration is submitted in support of my *ex parte* application requesting that the Petitioner be ordered to attend child custody mediation with Penny Angel-Levy as previously scheduled.
5. On December 2, 2002, in a Findings and Order After Hearing filed December 19, 2002, the Court ordered the Petitioner and me to "submit any future custody/visitation disputes to Penny Angel-

1 Levy" (page 3, lines 20-22).

2 6. There has been ongoing sessions with Penny Angel-Levy ("Penny") because of serious problems  
3 affecting our son Oliver. I believe that such problems are caused by Petitioner's aggressive  
4 alienation of our son from me.

5 7. Our next mediation session with Penny was scheduled at the time of our last session on September  
6 2, 2003, and it was set for September 22, 2003, at 10:00 a.m. A copy of Penny's letter to my  
7 counsel is attached as **Exhibit "A"**.

8 8. I had already made reservations for my flights to and from San Diego to attend that mediation  
9 session.

10 9. On or about September 8, 2003, I was informed by a phone call from Penny that Petitioner had  
11 canceled her appointment without giving any reason. I am informed and believe that Petitioner is  
12 not returning Penny's phone calls to reschedule the canceled September 22, 2003 appointment.  
13 There is no mediation meeting set yet for the month of October 2003.

14 10. On or about September 8, 2003, I sent Petitioner a facsimile asking Petitioner to reschedule,  
15 informing her that Penny and I would be available on Thursday the 18<sup>th</sup> of September,  
16 suggesting 10:00 a.m. as an agreeable time.

17 11. Petitioner responded tersely "No. I can not come Thurs. at 10:00...". A copy of my facsimile and  
18 of Petitioner's response is attached as **Exhibit "B"**.

19 12. Neither I nor Penny, to my knowledge, have been given a "good cause" reason for Petitioner's  
20 cancellation of the appointment. It is my belief that it is another blatant attempt by Petitioner to  
21 sabotage my relationship with our son, Oliver.

22 13. It is imperative that this ongoing mediation not be interrupted so that my relationship with our  
23 son not be jeopardized any more than it already is through Petitioner's efforts.

24 14. Penny Angel Levy has informed me that she has an opening for a mediation appointment on  
25 September 18, 2003. Said date coincides with the date I am scheduled to next exercise visitation  
26 with Oliver. I request the Court order Petitioner to attend mediation on either the original date  
27 of September 22, 2003, at 10:00 a.m. or on September 18, 2003, at <sup>9:30</sup>10:00 a.m.  
28

1 15. I request that Petitioner be ordered to pay my reasonable attorney fees and actual costs  
2 associated with the filing of this Application.

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

5 Date: September 12, 2003

  
Clifford L. Roepke  
Respondent



|                                                         |              |
|---------------------------------------------------------|--------------|
| PETITIONER/PLAINTIFF: MICHELE LALLY                     | CASE NUMBER: |
| RESPONDENT/DEFENDANT: CLIFFORD L. ROEPKE                | D472021      |
| CHILD SUPPORT INFORMATION OF (name): CLIFFORD L. ROEPKE |              |

**THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.**

1. Health insurance for my children ☐ is ☒ is not available through my employer.
  - a. Monthly cost paid by me or on my behalf for the children *only* is: \$ \_\_\_\_\_  
*Do not include the amount paid or payable by your employer.*
  - b. Name of carrier:
  - c. Address of carrier:
  - d. Policy or group policy number:
  
2. Approximate percentage of time each parent has primary physical responsibility for the children:  
 Mother        %        Father        %
  
3. ☐ The court is requested to order the following as additional child support:
  - a. ☐ Child care costs related to employment or to reasonably necessary education or training for employment skills
    - (1) Monthly amount currently paid by mother: \$
    - (2) Monthly amount currently paid by father: \$
  - b. ☐ Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):
  
  - c. ☐ Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):
  
  - d. ☐ Travel expense for visitation
    - (1) Monthly amount currently paid by mother: \$
    - (2) Monthly amount currently paid by father: \$
  
4. ☐ The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.
 

|                                                                                                                                                                                                    | Amount paid<br>per month | How many months<br>will you need to make<br>these payments |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|
| a. <input type="checkbox"/> Extraordinary health care expenses ( <i>specify and attach any supporting documents</i> ):                                                                             | \$                       |                                                            |
| b. <input type="checkbox"/> Uninsured catastrophic losses ( <i>specify and attach supporting documents</i> ):                                                                                      | \$                       |                                                            |
| c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you ( <i>specify names and ages of these children</i> ): | \$                       |                                                            |
| d. Total hardship deductions requested ( <i>add lines a - c</i> ):                                                                                                                                 |                          |                                                            |
|                                                                                                                                                                                                    | \$                       |                                                            |