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| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: | CASE NUMBER: |
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APPLICATION TO DETERMINE ARREARS
 Attachment to *Request for Order* (form _____)

- Child Support**
 Spousal or partner support
 Family support
 Medical support
 Unreimbursed expenses
 Unreimbursed medical expenses
 Other (specify):

1. I ask that the amount of past due support payments (arrears) be decided in this case.
2. I have attached (*check all that apply*):
 - a. a *Declaration of Payment History* (_____).
 - b. a *Payment History Attachment* (_____).
 - c. Other (*specify*):
3. I ask that the amount of past due support payments (arrears) be decided in this case.
 - a. I have already paid some all of the support ordered. Proof of payment is attached.
 - b. The children for whom support is to be paid were living with me full time for the period from _____ to: _____ . I provided all of their support during that period. I am attaching a detailed declaration explaining these facts and supporting documentation, including any proof that the children were living with me.
 - c. Other (*specify*):
4. I have previously asked the other parent for payment and provided the other parent with an itemized statement of the unreimbursed childcare expense medical expense. (*Attach copies of all bills being claimed and proof of any payments that you have made on these bills.*)
5. I am asking the other person to pay attorney fees costs. *Income and Expense Declaration* (form _____) is attached.
6. Facts in support of the relief requested are (*specify*):

contained in the attached declaration.

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

Date:

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF DECLARANT)

Petitioner/plaintiff Respondent/defendant
 Other parent/party Other (*specify*):

NOTICE: This form must be attached to *Request for Order* (FL-300)

NOT A COURT ORDER

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