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PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:

APPLICATION TO DETERMINE ARREARS

Attachment to *Request for Order* (form FL-300)

☐ **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 because *(check all that apply):*

   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. ☐ I could not pay child support because

      (1) After **December 31, 2020**, my child support order was entered or modified, and I was confined against my will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution *(attach proof).*

         (a) Start date: (b) End date:

      (2) I was not confined for

         (a) domestic violence against the other parent or our child; or

         (b) failing to pay a child support order.

      (3) I had no money available to pay child support while I was confined.

   d. ☐ The child support order entered on *(date):* was stopped (suspended) because ☐ the order says it would stop ☐ by operation of law *(specify the reasons why and attach applicable proof):*

   e. ☐ Other *(specify):*

2. ☐ 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.)*

3. ☐ I am asking the other person to pay ☐ attorney fees ☐ costs. My *Income and Expense Declaration* (form FL-150) is attached.

4. I have attached *(check all that apply):*

   a. ☐ a *Declaration of Payment History* (form FL-420).

   b. ☐ a *Payment History Attachment* (form FL-421).

   c. ☐ Other *(specify):*

5. 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)
For help completing this form, talk to the family law facilitator or self-help center in your county.

NOT A COURT ORDER

Form Adopted for Mandatory Use
Judicial Council of California
FL-490 [Rev. January 1, 2022]

Family Code, §§ 4007.5, 4720–4732
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