

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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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.
2. I have attached (*check all that apply*):
- a. a *Declaration of Payment History* (FL-420).
b. a *Payment History Attachment* (FL-421).
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 FL-150) 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 foregoing 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

APPLICATION TO DETERMINE ARREARS