

|   |              |
|---|--------------|
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT: | CASE NUMBER: |
|---|--------------|

PAYMENT HISTORY FOR *(check one)*:

- Child   
  Spousal   
  Family   
  Medical   
  Unreimbursed child care  
 Unreimbursed medical   
  Other *(specify)*:

|              | Year _____     |             | Year _____     |             | Year _____     |             |
|--------------|----------------|-------------|----------------|-------------|----------------|-------------|
|              | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID |
| January      |                |             |                |             |                |             |
| February     |                |             |                |             |                |             |
| March        |                |             |                |             |                |             |
| April        |                |             |                |             |                |             |
| May          |                |             |                |             |                |             |
| June         |                |             |                |             |                |             |
| July         |                |             |                |             |                |             |
| August       |                |             |                |             |                |             |
| September    |                |             |                |             |                |             |
| October      |                |             |                |             |                |             |
| November     |                |             |                |             |                |             |
| December     |                |             |                |             |                |             |
| <b>TOTAL</b> |                |             |                |             |                |             |

|              | Year _____     |             | Year _____     |             | Year _____     |             |
|--------------|----------------|-------------|----------------|-------------|----------------|-------------|
|              | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID |
| January      |                |             |                |             |                |             |
| February     |                |             |                |             |                |             |
| March        |                |             |                |             |                |             |
| April        |                |             |                |             |                |             |
| May          |                |             |                |             |                |             |
| June         |                |             |                |             |                |             |
| July         |                |             |                |             |                |             |
| August       |                |             |                |             |                |             |
| September    |                |             |                |             |                |             |
| October      |                |             |                |             |                |             |
| November     |                |             |                |             |                |             |
| December     |                |             |                |             |                |             |
| <b>TOTAL</b> |                |             |                |             |                |             |

**INSTRUCTIONS FOR COMPLETING PAYMENT RECORD**

**You must complete a separate *Payment History Attachment* form for each type of support paid.** Enter the year, list the amount ordered, and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills, receipts, and other proof of expense) as necessary.

Child

Spousal

|              | Year <u>2000</u> |             | Year <u>2001</u> |             |
|--------------|------------------|-------------|------------------|-------------|
|              | AMOUNT ORDERED   | AMOUNT PAID | AMOUNT ORDERED   | AMOUNT PAID |
| January      | 100              | 0           | 100              | 100         |
| February     |                  | ↓           |                  | 0           |
| March        |                  | ↓           |                  | ↓           |
| April        |                  | 100         |                  | 100         |
| May          |                  | 100         |                  | 0           |
| June         |                  | 100         |                  | ↓           |
| July         |                  | 0           |                  | ↓           |
| August       |                  | ↓           |                  | 100         |
| September    |                  | ↓           |                  | 100         |
| October      |                  | 100         |                  | 0           |
| November     | ↓                | ↓           | ↓                | ↓           |
| December     | ↓                | ↓           | ↓                | ↓           |
| <b>TOTAL</b> | <b>1,200</b>     | <b>600</b>  | <b>1,200</b>     | <b>400</b>  |

|              | AMOUNT ORDERED | AMOUNT PAID |
|--------------|----------------|-------------|
| January      | 100            | 0           |
| February     |                | ↓           |
| March        |                | ↓           |
| April        |                | 100         |
| May          |                | 100         |
| June         |                | 100         |
| July         |                | 0           |
| August       |                | ↓           |
| September    |                | ↓           |
| October      |                | 100         |
| November     | ↓              | ↓           |
| December     | ↓              | ↓           |
| <b>TOTAL</b> | <b>1,200</b>   | <b>600</b>  |

**UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:**

You must complete a separate *Payment History Attachment* form for each type of unreimbursed expense. If you have more than one bill, receipt, and other proof of expense per month use an additional declaration page (form MC-031) or separate page. **1.)** Itemize each expense; **2.)** attach proof of bill or payment; **3.)** mark each bill or payment with an Exhibit # \_\_\_\_\_; **4.)** group the bills, receipts, and other proof of expense in chronological order for each month; and **5.)** enter the total bills, receipts, and other proof of expense for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

Unreimbursed child care expenses

Unreimbursed medical expenses

|              | Year <u>2001</u> |             |
|--------------|------------------|-------------|
|              | AMOUNT ORDERED   | AMOUNT PAID |
| January      | 50% (\$200)      | 0           |
| February     | 50% (\$200)      | 100         |
| March        | 50% (\$200)      | 0           |
| April        | 50% (\$200)      | 50          |
| May          |                  |             |
| June         |                  |             |
| July         |                  |             |
| August       |                  |             |
| September    |                  |             |
| October      |                  |             |
| November     |                  |             |
| December     |                  |             |
| <b>TOTAL</b> | <b>\$400</b>     | <b>150</b>  |

|              | Year <u>2001</u> |             |
|--------------|------------------|-------------|
|              | AMOUNT ORDERED   | AMOUNT PAID |
| January      | 50% (\$200)      | 0           |
| February     |                  |             |
| March        | 50% (\$200)      | 0           |
| April        | 50% (\$75)       | 0           |
| May          |                  |             |
| June         |                  |             |
| July         |                  |             |
| August       |                  |             |
| September    |                  |             |
| October      |                  |             |
| November     |                  |             |
| December     |                  |             |
| <b>TOTAL</b> | <b>\$237.50</b>  | <b>0</b>    |

**Form MC-031**

|  |                                   |             |             |
|--|-----------------------------------|-------------|-------------|
| Petitioner/Plaintiff   | CASE NUMBER                       |             |             |
| Defendant/Respondent   |                                   |             |             |
| I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense. |                                   |             |             |
| 01/04/01   | Dr. Adams                         | \$45.00     | Exhibit A   |
| 01/08/01   | Dr. Lee, D.D.S.                   | \$155.00    | Exhibit B   |
| 02/15/01   | AB X-ray Inc.                     | \$200.00    | Exhibit C   |
| 04/26/01   | Kids Therapy                      | \$75.00     | Exhibit D   |
| Child care expenses:   |                                   |             |             |
| 01/02  | ABC School                        | 50% (\$200) | } Exhibit E |
| 02/02  | ABC School                        | 50% (\$200) |             |
| 03/02  | ABC School                        | 50% (\$200) |             |
| 04/02  | ABC School                        | 50% (\$200) |             |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.             |                                   |             |             |
| .....<br>(TYPE OR PRINT NAME)  | .....<br>(SIGNATURE OF DECLARANT) |             |             |
| Form MC-031 <b>ATTACHED DECLARATION</b>  |                                   |             |             |