

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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APPLICATION TO DETERMINE ARREARAGES

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

Attachment to Order to Show Cause (form FL-300) Notice of Motion (form FL-301)

1. I ask that arrearages be determined 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 support arrearage be changed as follows:
 - 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. Attorney fees and costs a. Fees b. 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
 Attorney Other (*specify*):

NOTICE: This form must be attached to an Order to Show Cause (FL-300) or a Notice of Motion (FL-301).

NOT A COURT ORDER