

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state Bar number, and address</i>) or GOVERNMENTAL AGENCY (<i>under Family Code, §§ 17400, 17406</i>): <hr/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
DECLARATION OF PAYMENT HISTORY	CASE NUMBER: _____

1. Declaration of (*name*): _____
2. Based on my records or my recollection, I declare that the information on the attached pages showing the amounts ordered and the amounts paid are true and correct for the following obligations (*check all that apply*):

a. <input type="checkbox"/> Child support	d. <input type="checkbox"/> Medical support	g. <input type="checkbox"/> Other (<i>specify</i>): _____
b. <input type="checkbox"/> Spousal support	e. <input type="checkbox"/> Unreimbursed medical expenses	
c. <input type="checkbox"/> Family support	f. <input type="checkbox"/> Unreimbursed child care expenses	
3. Number of pages attached: _____

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)
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SUPPORT ARREARAGE SUMMARY

This summary is for arrearage for the periods specified in the attached pages.

Interest is calculated through (*specify date*): _____

	<u>Principal:</u>	<u>Interest (optional):</u>	<u>Total Arrearage:</u>
CHILD SUPPORT:	\$ _____	\$ _____	\$ _____
SPOUSAL SUPPORT:	\$ _____	\$ _____	\$ _____
FAMILY SUPPORT:	\$ _____	\$ _____	\$ _____
MEDICAL SUPPORT:	\$ _____	\$ _____	\$ _____
UNREIMBURSED MEDICAL EXPENSES:	\$ _____	\$ _____	\$ _____
UNREIMBURSED CHILD CARE EXPENSES:	\$ _____	\$ _____	\$ _____
OTHER (<i>specify</i>):	\$ _____	\$ _____	\$ _____

NOTICE: Interest that is not calculated is not waived

Date: _____

Submitted by: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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Details of the arrearage statement, consisting of (*specify number*) _____ pages, are attached.