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|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | 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 (specify): |
| 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) |
|-------------------------------|---|-----------------------------------|

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 (specify): | \$ _____ | \$ _____ | \$ _____ |

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.