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| PETITIONER:<br>RESPONDENT:<br>OTHER: | CASE NUMBER: |
|--------------------------------------|--------------|

**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:

|   |  |                                   |
|---|--|-----------------------------------|
| _____<br>(TYPE OR PRINT NAME)   |  | _____<br>(SIGNATURE OF DECLARANT) |
| <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant<br><input type="checkbox"/> Attorney <input type="checkbox"/> Other ( <i>specify</i> ): |  |                                   |

**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**

**APPLICATION TO DETERMINE ARREARAGES**