

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) : Sally Smith 123 Main Street El Cajon, CA 92020 TELEPHONE NO.: 619-440-4444 FAX NO.(Optional): E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name): Self-Represented Litigant	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 1100 Union Street MAILING ADDRESS: Same CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Central Division	
PETITIONER/PLAINTIFF: Sally Smith RESPONDENT/DEFENDANT: John Smith OTHER PARENT:	
DECLARATION OF PAYMENT HISTORY	CASE NUMBER:

1. Declaration of (name) : Sally Smith
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 checked="" type="checkbox"/> Child support	d. <input type="checkbox"/> Medical support	g. <input type="checkbox"/> Other (specify) :
b. <input checked="" 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: Date of signing

Sally Smith (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) : **March 31, 2022**

	Principal:	Interest (optional) :	Total Arrearage:
CHILD SUPPORT:	\$ <u>2,600.00</u>	\$ <u>101.70</u>	\$ <u>2,701.70</u>
SPOUSAL SUPPORT:	\$ <u>2,400.00</u>	\$ <u>83.89</u>	\$ <u>2,483.89</u>
FAMILY SUPPORT:	\$ _____	\$ _____	\$ <u>0.00</u>
MEDICAL SUPPORT:	\$ _____	\$ _____	\$ <u>0.00</u>
UNREIMBURSED MEDICAL EXPENSES:	\$ _____	\$ _____	\$ <u>0.00</u>
UNREIMBURSED CHILD CARE EXPENSES:	\$ _____	\$ _____	\$ <u>0.00</u>
OTHER (specify) :	\$ _____	\$ _____	\$ <u>0.00</u>

NOTICE: Interest that is not calculated is not waived

Date: Date of signing

Submitted by:

Sally Smith (TYPE OR PRINT NAME) ▶ _____ (SIGNATURE)

Details of the arrearage statement, consisting of (specify number) _____ pages, are attached.