

PETITIONER/PLAINTIFF: Sally Smith RESPONDENT/DEFENDANT: John Smith OTHER PARENT:	CASE NUMBER:
Child Support Example	

PAYMENT HISTORY FOR (check one) :

- Child
 Spousal
 Family
 Medical
 Unreimbursed child care
 Unreimbursed medical
 Other (specify) :

Year 2021 Year 2022 Year _____

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January			700.00	700.00		
February			700.00	350.00		
March			700.00	350.00		
April						
May						
June	700.00	600.00				
July	700.00	700.00				
August	700.00	500.00				
September	700.00	0.00				
October	700.00	700.00				
November	700.00	500.00				
December	700.00	0.00				
TOTAL	4,900.00	3,000.00	2,100.00	1,400.00	0.00	0.00

Year _____ Year _____ Year _____

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00

PETITIONER/PLAINTIFF: Sally Smith RESPONDENT/DEFENDANT: John Smith OTHER PARENT:	CASE NUMBER:
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Spousal Support Example

PAYMENT HISTORY FOR (check one) :

- Child
 Spousal
 Family
 Medical
 Unreimbursed child care
 Unreimbursed medical
 Other (specify) :

Year 2021 Year 2022 Year _____

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January			400.00	0.00		
February			400.00	0.00		
March			400.00	0.00		
April						
May						
June	400.00	400.00				
July	400.00	200.00				
August	400.00	200.00				
September	400.00	200.00				
October	400.00	200.00				
November	400.00	200.00				
December	400.00	200.00				
TOTAL	2,800.00	1,600.00	1,200.00	0.00	0.00	0.00

Year _____ Year _____ Year _____

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00