

PETITIONER: Sally Smith RESPONDENT: John Smith OTHER PARTY:	CASE NUMBER:
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**APPLICATION TO DETERMINE ARREARS**

Attachment to *Request for Order* (form FL-300)

- Child support**  
  **Spousal or partner support**  
  **Family support**  
  **Medical support**  
 **Unreimbursed expenses**  
  **Unreimbursed medical expenses**  
  **Other (specify):**

1. I ask that the amount of past due support payments (arrears) be decided in this case because (*check all that apply*):
- 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.  I could not pay child support because
    - (1) After **December 31, 2020**, my child support order was entered or modified, and I was confined against my will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution (*attach proof*).
      - (a) Start date: \_\_\_\_\_ (b) End date: \_\_\_\_\_
    - (2) I was not confined for
      - (a) domestic violence against the other parent or our child; or
      - (b) failing to pay a child support order.
    - (3) I had no money available to pay child support while I was confined.
  - d.  The child support order entered on (*date*): \_\_\_\_\_ was stopped (suspended) because  the order says it would stop  by operation of law (*specify the reasons why and attach applicable proof*): \_\_\_\_\_
  - e.  Other (*specify*): Respondent is not paying the court ordered child and spousal support.
2.  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.*)
3.  I am asking the other person to pay  attorney fees  costs.  
 My *Income and Expense Declaration* (form FL-150) is attached.
4. I have attached (*check all that apply*):
- a.  a *Declaration of Payment History* (form FL-420).
  - b.  a *Payment History Attachment* (form FL-421).
  - c.  Other (*specify*): \_\_\_\_\_
5. Facts in support of the relief requested are (*specify*):  
 I am asking the court to order arrears with interest because the other parent is not paying the court ordered child support and spousal support.  
 contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: Date of signing

Sally Smith \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

- Petitioner/Plaintiff    Respondent/Defendant  
 Other parent/party    Other (*specify*): \_\_\_\_\_

**NOTICE: This form must be attached to *Request for Order* (FL-300)  
 For help completing this form, talk to the family law facilitator or self-help center in your county.**

**NOT A COURT ORDER**