

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/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.
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 amount of past due support payments (arrears) be decided in this case.
  - 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.  Suspended due to jail, prison, or an Institution (juvenile facility or mental health facility). (Family Code, § 4007.5)
    - (1) I was incarcerated or involuntarily institutionalized for the following periods for more than 90 days in a row during which I did not have the financial ability to pay child support. (*Attach any proof of your incarceration or involuntary institutionalization.*)
      - (a) Date(s) incarceration or involuntary institutionalization began: \_\_\_\_\_
      - (b) Date(s) incarceration or involuntary institutionalization ended: \_\_\_\_\_
    - (2) The reason that I was in jail, prison, or an institution (juvenile facility or mental health facility) was not because I failed to pay court ordered child support or committed domestic violence against the supported person or child.
    - (3) My child support order was made or changed by the court on or after October 8, 2015.
  - d.  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.  I am asking the other person to pay a.  Attorney 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:

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



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

- Petitioner/Plaintiff     Respondent/Defendant  
 Attorney     Other (*specify*):

**NOTICE: This form must be attached to Request for Order (FL-300)**

**NOT A COURT ORDER**

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