

PETITIONER: RESPONDENT: 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 on or after **September 27, 2022**, 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*).
 - (1) I was confined during the following dates:

(a) Start date: _____	(b) Release date: _____
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Additional dates of confinement are listed on an attached page. ([Form MC-025](#) may be used for this purpose.)
 - (2) I had no ability to pay child support while I was confined.
 - d. I could not pay child support because from **October 8, 2015**, through **December 31, 2019**, or **January 1, 2021**, through **September 26, 2022**, 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*).
 - (1) I was confined during the following dates:

(a) Start date: _____	(b) Release date: _____
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Additional dates of confinement are listed on an attached page. ([Form MC-025](#) may be used for this purpose.)
 - (2) I had no ability to pay child support while I was confined.
 - (3) I was *not* confined for
 - (a) Domestic violence against the other parent or our child; or
 - (b) Failing to pay a child support order.
 - e. Other (*specify*): _____
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 request the other person pay my attorney's fees and 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*):

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: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

NOT A COURT ORDER

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