

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name and Address): 	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
DECLARATION OF SUPPORT ARREARAGE		

1. The Obligor/Payor (person who pays support) is the Petitioner/Plaintiff Respondent/Defendant
 Other parent

2. The amount of support arrearages, interest, and penalties, if any, owed in this proceeding is calculated as follows:

- a. Total amount of support: \$ as of (date):
- b. Amount paid: \$ as of (date):
- c. Amount applied to principal: \$
- d. Amount applied to interest: \$
- e. Balance of principal owed: \$ as of (date):
- f. Balance of interest owed:* \$ as of (date):
- g. Penalties ordered:* \$ as of (date):
- h. Balance owed: \$ as of (date):

* If interest or penalties are not claimed, they are not waived.

- 3. Details of the arrearage statement, consisting of (specify number): _____ pages, are attached.
- 4. An interest calculation statement is attached.
- 5. Other (specify): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Declared on information and belief.

Date:

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 (TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)