INSTRUCTIONS FOR COMPLETING THE

DECLARATION OF SUPPORT PAYMENT HISTORY

You are asked to complete a month-by-month, year-by-year breakdown of the amounts of support that were due (ordered by the court) and the amount of each payment that was made. These figures will help determine the amount of past due support owed, if any.

You must complete a separate page (or pages) for child support, spousal support, family support, medical support, unreimbursed medical expenses, and other types of support not listed. **DO NOT combine child support and spousal support unless your court order combines the two support payments into a "family" support order.**

In the Amount Ordered column, fill in the amount of support that became due each month since your court order began.   If there has been a change in your court order, make sure each month reflects the correct amount of support due.

In the Amount Paid column, indicate a dollar amount of support paid in that month. If more than one payment was made in a given month, put the total dollar amount of support paid. **Put the dollar amounts next to the month in which the payment was actually made, and not the month or months which those payments were intended to cover.** You may attach additional sheets as necessary.

Be aware that this declaration is not confidential and may be given to the other parent in your case for review.   If there is a disagreement regarding the payment history, the parties may be required to present proof of payments in the form of canceled checks, receipts, etc.

Complete this Declaration neatly and correctly to make sure there is no mistake nor confusion as to the amounts of past due support owed, if any.

State of California - Health and Human Services Agency   Department of Child Support Services

DECLARATION OF SUPPORT PAYMENT HISTORY

Person completing this form *(name)*: _____

I am the ☐ Custodial Party   ☐ Noncustodial Parent

Support Payment History For *(check one)*:   ☐ Child   ☐ Spousal   ☐ Family   ☐ Medical

☐ Unreimbursed medical expenses   ☐ Other *(specify)*:

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						

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						

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am aw are that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

Signature: _____   Date: _____

DECLARATION OF SUPPORT PAYMENT HISTORY
DCSS 0569 (09/20/05)