

AFFIDAVIT OF ARREARS

PETITIONER

XXX-XX-
SOCIAL SECURITY #

RESPONDENT

XXX-XX-
SOCIAL SECURITY #

DOCKET/INDEX NO: _____

CSMS NO: _____

_____, being duly sworn, deposes and says:
(NAME)

That I am the Petitioner in the above referenced case and I am familiar with the facts and the proceedings in this matter.

That pursuant to an order of the _____ County _____ Court dated _____

the non-custodial parent was ordered to pay child support in the amount of \$ _____ per

(WEEK)(BI-WEEKLY)(MONTH) AND spousal support in the amount of \$ _____ per

(WEEK)(BI-WEEKLY)(MONTH) on behalf of:

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

(Ex) Spouse's Name: _____ DOB: _____

In addition to the above, the non-custodial parent was directed to pay the following expenses:

A. _____ (Percent) (Pro-rata share) of un-reimbursed medical/dental expenses.

B. _____ (Percent) (Pro-rata share) of child care expenses.

C. _____ (Percent) (Pro-rata share) of educational costs.

D. Other: _____

The non-custodial parent's failure to comply with the support order has resulted in an arrearage as listed below:

As of _____ the arrears due are:

Child Support Arrears: _____

Spousal Support Arrears: _____

Medical/Dental Arrears: _____

Child Care Arrears: _____

Education Arrears: _____

Other Arrears (_____): _____

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

PETITIONER SIGNATURE

PETITIONER PRINTED NAME

NOTARY PUBLIC

DATE