

Stipulated Arrears

Name of Non-Custodial Parent: _____ Case Number: _____

Name of Custodial Parent: _____ Date: _____

Arrears payments have occurred as indicated below and agreed upon by both parents.

Please complete the tables below to indicate child/spousal support arrears payments and dates. Fill in the year(s) at the top of each table as appropriate. Only complete the number of years needed to show the child/spousal support arrears. Leave extra years blank. Use extra years in a similar format if more space is needed.

	YEAR:	
	Amount Due	Amount Paid
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEPT		
OCT		
NOV		
DEC		

	YEAR:	
	Amount Due	Amount Paid
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEPT		
OCT		
NOV		
DEC		

	YEAR:	
	Amount Due	Amount Paid
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEPT		
OCT		
NOV		
DEC		

	YEAR:	
	Amount Due	Amount Paid
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEPT		
OCT		
NOV		
DEC		

	YEAR:	
	Amount Due	Amount Paid
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEPT		
OCT		
NOV		
DEC		

	YEAR:	
	Amount Due	Amount Paid
JAN		
FEB		
MAR		
APR		
MAY		
JUN		
JUL		
AUG		
SEPT		
OCT		
NOV		
DEC		

DATE OF ORDER: ___/___/___

TOTAL AMOUNT DUE: \$ _____

TOTAL AMOUNT PAID: \$ _____

TOTAL ARREARS OWED: \$ _____

NOTARY

I hereby certify that the total child support arrears owed and the calendars containing the child support arrears amount paid and due are correct.

DATED this ___ day of _____, _____.

Signature of Affiant/Custodial Parent

SUBSCRIBED and sworn before me this _____ day of _____, _____.

My Commission Expires:

NOTARY PUBLIC

Residing at: _____

NOTARY

I hereby certify that the total child support arrears owed and the calendars containing the child support arrears amount paid and due are correct.

DATED this ___ day of _____, _____.

Signature of Affiant/Non-custodial Parent

SUBSCRIBED and sworn before me this _____ day of _____, _____.

My Commission Expires:

NOTARY PUBLIC

Residing at: _____