

STATEMENT OF UNPAID CHILD SUPPORT ARREARAGES

(ONLY COMPLETE IF YOU HAVE A SIGNED COURT ORDER)

Please list each obligation ***separately***. Basic Support, Medical Support, Child Care Support and Spousal Maintenance each need to be written in their own boxes below.

Obligation Type:

- Basic
- Medical
- Child Care
- Spousal

Year _____	AMOUNT DUE	AMOUNT PAID	AMOUNT STILL OWED
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

Obligation Type:

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AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minnesota Statutes, section 358.116.

Custodial Parent Signature

Date

State of MN _____
County of _____
(County where affidavit was signed)

Custodial Parent/Obligee's Name (please print)

Child Support Case Number (if known)