

| | |
|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | CASE NUMBER: |
|---|--------------|

PAYMENT HISTORY FOR (check one):

- Child
 Spousal
 Family
 Medical
 Unreimbursed child care
 Unreimbursed medical
 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 | | | | | | |
| TOTAL | | | | | | |

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 | | | | | | |
| TOTAL | | | | | | |