

How to fill out **DECLARATION OF SUPPORT PAYMENT HISTORY**

DIRECTIONS:

- The Declaration of Support Payment History form has been sectioned off for instructional purposes to assist you in filling each section within the form. This form has two pages to be filled out and completed.
- Find the number on the sample form. Example **1**
- Go to the same number below or next to the sample form to find out how to fill out the form
- Type or print in black ink.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF CHILD SUPPORT SERVICES DECLARATION OF SUPPORT PAYMENT HISTORY DCSS 0999 (06/17/2018)						
Person completing this form (name):				I am the: <input type="checkbox"/> Custodial Party <input type="checkbox"/> Noncustodial Parent		
Support Payment History for (check one): <input type="checkbox"/> Child <input type="checkbox"/> Spousal <input type="checkbox"/> Family <input type="checkbox"/> Unreimbursed medical expenses <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify):						
YEAR	YEAR	YEAR				
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Incarceration/Institutionalization History						
BEGIN DATE (MM/DD/YYYY)	RELEASE DATE (MM/DD/YYYY)	FACILITY/INSTITUTION NAME AND LOCATION		OTHER DETAILS, SUCH AS CHARGING OFFENSE(S), CONVICTION(S), VICTIM NAME(S), COURT WHERE SENTENCED, ETC.		
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.						
Signature: _____			Date: _____	CSE Case Number: _____		
Page 2 of 2						

DECLARATION OF SUPPORT PAYMENT HISTORY

DCSS 0569 (06/17/2018)

1

Person completing this form (name): _____

I am the: Custodial Party
 Noncustodial Parent

2

3

Support Payment History for (check one): Child Spousal Family
 Unreimbursed medical expenses Medical Other (specify): _____

1

Person completing this form: Print your full name.

2

Mark the appropriate box. Mark CUSTODIAL PARTY if you are the party RECEIVING support or NONCUSTODIAL PARTY if you are the party PAYING support.

3

Support Payment History for: Check the appropriate box (ONLY ONE). A Declaration of Support Payment History form will need to be completed for EACH payment type and for each year from the commencement date (begin date) of the order.

	YEAR <u>2019</u>		YEAR <u>2020</u>		YEAR <u>2021</u>	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

4 Enter the year. Example "YEAR 2019".

- **AMOUNT ORDERED:** Enter the amount ordered by the Court.
- **AMOUNT PAID:** Enter the amount received/paid.

Multiple forms may need to be completed as it is only for three years. For example, if the Order for payments began 05/01/2019, columns would need to be completed from 2019-present.

Incarceration/Institutionalization History			
BEGIN DATE (MM/DD/YYYY)	RELEASE DATE (MM/DD/YYYY)	FACILITY/INSTITUTION NAME AND LOCATION	OTHER DETAILS, SUCH AS CHARGING OFFENSE(S), CONVICTION(S), VICTIM NAME(S), COURT WHERE SENTENCED, ETC.

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

5 **Incarceration/Institutionalization**

History: List any incarceration time period that occurred during the time of the Child Support Order (if any) and include as much information as possible if known under each appropriate column.

6 Sign, date and include your case number if known.

Signature: _____ Date: _____ CSE Case Number: _____