



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
SELF-HELP CENTER/FACILITATOR'S OFFICE**

**www.occourts.org**

**HOW TO PREPARE COURT FORMS TO REQUEST A  
HEARING REGARDING ACCOUNTING  
(DETERMINATION OF CHILD SUPPORT/SPOUSAL SUPPORT  
ARREARS OR UNREIMBURSED EXPENSES)**

**Description:**

This workshop will assist you in preparing all of the necessary paperwork to request a hearing for the Court to determine your support arrears. You must have an existing order for child support, spousal support, and expenses such as child care or uncovered medical.

**When:**

This workshop is offered on Wednesday. Check-in begins at 9:30 a.m. and ends at 9:45 a.m.

**Your registration packet must be complete in order to be admitted.**

**Please arrive early as seating is limited. This is first-come, first-served.**

**Where:**

Lamoreaux Justice Center (LJC)  
341 The City Drive, 1st Floor, Room C101  
Orange, CA, 92868

**What to Bring:**

- **Completed** WORKSHOP REGISTRATION PACKET and supporting documents
- Copy of court order(s)
- Black pen
- Your own interpreter, if necessary

Name: \_\_\_\_\_

Superior Court case number: \_\_\_\_\_

Is Orange County Child Support Services (CSS) involved? \_\_\_ Yes \_\_\_ No

\* Workshop Presenters will **not** give legal advice



# REGISTRATION PACKET

## Accounting (Determination of Support Arrears or Unreimbursed Expenses)

Please follow the instructions below to ensure that your paperwork is completed as quickly and efficiently as possible. Missing information or failure to bring all of the necessary information and items could result in your paperwork not being completed and you will have to return on another day.

Before filing your motion for unreimbursed expenses, you must have requested payment from the other parent pursuant to Family Code § 4063. Family Code § 4063(b) requires that you “provide the other parent with an itemized statement of the costs within a reasonable time, but not more than 30 days after accruing the costs.” The other parent must make the reimbursement within 30 days from notification of the amount due.

### CHECKLIST

**Payment History Attachment(s) – Form FL-421**

Up to six (6) years-worth of expenses can be listed on each sheet.

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:  <div style="text-align: right; font-size: small;">FL-421</div>
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PAYMENT HISTORY FOR (check one) :

Child   
  Spousal   
  Family   
  Medical   
  Unreimbursed child care  
 Unreimbursed medical   
  Other (specify) :

Year \_\_\_\_\_      Year \_\_\_\_\_      Year \_\_\_\_\_

Enter the year.

Check the box for the type of expense for which you are seeking reimbursement. You must use a separate sheet for each type of expense.

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>TOTAL</b>						

Add up the TOTALS for each column.

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>TOTAL</b>						

The amount that the other party is responsible for is listed in the column marked “AMOUNT ORDERED.” For unreimbursed expenses where both parties are ordered to pay 50% of the expense, enter the amount of the bill as follows: 50%(\$full amount). For example, if you paid \$50 co-pay for a doctor visit, you would write “50%(\$50)” in the Amount Ordered column.

The amount that the other party has paid is listed in the column marked “AMOUNT PAID.”

For further information, see Instructions for Completing Payment Record attached to FL-421.

**Declaration**

Use the Attached Declaration form (Form MC-031) to tell the Court what you are requesting and why.

The Court's Self-Help webpage has a presentation on how to write a declaration for court purposes, available at the following link: <http://www.occourts.org/self-help/resources/shresources.html>. On this page, scroll down to Educational Videos/Other and click on "Writing a Declaration for the Court."

**Copies of Proof of Payments (i.e. cancelled checks, billing statements, receipts)**

You must bring documentation supporting your claim of reimbursement. If you fail to do so, the judicial officer may deny your claim for reimbursement of an amount not documented.

You must bring one set of copies for each of the following:

- The Court
- Yourself (for your File Copy of the documents)
- The other party
- The other party's attorney – only if the other party is represented by an attorney.\*
- Department of Child Support Services (CSS) – only if they are involved in your case.\*

*Please make sure that ALL sets of copies are identical and that no pages are missing or out of place.*

*Please count your copies beginning with Form FL-421 and number the pages starting at "2" (a cover sheet will be added in the workshop).*

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:
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**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						
<b>TOTAL</b>						

	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						
<b>TOTAL</b>						

**INSTRUCTIONS FOR COMPLETING PAYMENT RECORD**

**You must complete a separate *Payment History Attachment* form for each type of support paid.** Enter the year, list the amount ordered, and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills, receipts, and other proof of expense) as necessary.

Child

Spousal

	Year <u>2000</u>		Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January	100	0	100	100
February		↓		0
March		↓		↓
April		100		100
May		100		0
June		100		↓
July		0		↓
August		↓		100
September		↓		100
October		100		0
November	↓	↓	↓	↓
December	↓	↓	↓	↓
<b>TOTAL</b>	<b>1,200</b>	<b>600</b>	<b>1,200</b>	<b>400</b>

	AMOUNT ORDERED	AMOUNT PAID
January	100	0
February		↓
March		↓
April		100
May		100
June		100
July		0
August		↓
September		↓
October		100
November	↓	↓
December	↓	↓
<b>TOTAL</b>	<b>1,200</b>	<b>600</b>

**UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:**

You must complete a separate *Payment History Attachment* form for each type of unreimbursed expense. If you have more than one bill, receipt, and other proof of expense per month use an additional declaration page (form MC-031) or separate page. **1.)** Itemize each expense; **2.)** attach proof of bill or payment; **3.)** mark each bill or payment with an Exhibit # \_\_\_\_\_; **4.)** group the bills, receipts, and other proof of expense in chronological order for each month; and **5.)** enter the total bills, receipts, and other proof of expense for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

Unreimbursed child care expenses

Unreimbursed medical expenses

	Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February	50% (\$200)	100
March	50% (\$200)	0
April	50% (\$200)	50
May		
June		
July		
August		
September		
October		
November		
December		
<b>TOTAL</b>	<b>\$400</b>	<b>150</b>

	Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February		
March	50% (\$200)	0
April	50% (\$75)	0
May		
June		
July		
August		
September		
October		
November		
December		
<b>TOTAL</b>	<b>\$237.50</b>	<b>0</b>

**Form MC-031**

Petitioner/Plaintiff	CASE NUMBER
Defendant/Respondent	
I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense.	
01/04/01	Dr. Adams \$45.00 Exhibit A
01/08/01	Dr. Lee, D.D.S. \$155.00 Exhibit B
02/15/01	AB X-ray Inc. \$200.00 Exhibit C
04/26/01	Kids Therapy \$75.00 Exhibit D
Child care expenses:	
01/02	ABC School 50% (\$200)
02/02	ABC School 50% (\$200)
03/02	ABC School 50% (\$200)
04/02	ABC School 50% (\$200)
	Exhibit E
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
..... (TYPE OR PRINT NAME)	..... (SIGNATURE OF DECLARANT)
Form MC-031	<b>ATTACHED DECLARATION</b>

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

- Attorney for     Plaintiff     Petitioner     Defendant
- Respondent     Other (*Specify*):