				FL-490
PETITIONER: RESPONDENT:			CASE NUMBER:	
OTHER PARENT/PARTY:				
	APPLICATION TO DETE		<del></del>	
Child support	Spousal or partner suppo	ort	pport Medical supp	ort
<ul><li>Unreimbursed exp</li><li>Other (specify):</li></ul>	enses Unreimbursed med	dical expenses		
1. I ask that arrearages be de	termined in this case.			
	that apply): Payment History (FL-420) ry Attachment (FL-421)			
a. I have already pa b. The children for v to	whom support is to be paid were living w	pport during that period	period from	ation
unreimbursed payments that you has and co	ave made on these bills.)  sts a. Fees b. Costs e Declaration (form FL- 150) is attached f requested are (specify):	nse (Attach copies of a	t with an itemized statement of th	
declare under penalty of perj	ury under the laws of the State of Califo	ornia that the foregoing	is true and correct.	
Date:				
(TVDE OR	PRINT NAME)	<u> </u>	(SIGNATURE OF DECLARANT)	
(TIFE OR	· · · · · · · · · · · · · · · · · · ·	Petitioner/Plain Attorney		
	NOTICE: This form must be attack	ned to Request for Ord	der (FL-300)	