

<input type="checkbox"/> District Court ____ County, Colorado Court Address: _____ In Re: Petitioner: Respondent/Co-Petitioner:		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____		
AFFIDAVIT OF ARREARS		

I, _____, declare that:

1. The type of support ordered is
 - child support
 - maintenance
 - other (specify): _____

2. The amount of support ordered to be paid each month is \$_____.

3. The support payment has not been timely made and: (check applicable statement)
 - a. (if payments were to be made into the court registry or Family Support Registry)
The full payment was not received by the registry on or before the due date of _____.
 - b. (if payments were to be made to the Obligee directly)
I did not receive the full payment on or before the due date of _____.

4. If any modifications have been made to the Support Order complete the following:
 - a. Effective date of any modification: _____
 - b. Amount of any modification: \$_____

5. Total child support due (_____ payments due x \$_____) \$ _____
 - a. Total amount of child support paid - \$_____
 - b. Total principal of amount of child support due \$_____
 - c. One twenty-fourth of Line 5b \$_____ + interest at _____%
(12% unless otherwise agreed)

6. Total maintenance due (_____ payments due x \$_____)

- a. Total amount of maintenance paid - \$ _____
- b. Total principal amount of maintenance due \$ _____
- c. One twenty-fourth of Line 6b \$ _____ + interest at ____%
(8% unless otherwise agreed)

Attach a copy of the payment record maintained by the Family Support Registry, if payment is ordered through the Family Support Registry, or detail period(s) on a separate sheet of paper of the time when the arrears accrued for child support and for maintenance.

I declare under penalty of perjury that I have read this affidavit and the statements contained are true to the best of my knowledge.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Obligee)

Signature of Obligee

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and a true and accurate copy of the **Affidavit of Arrears** was served to the COURT:

- Hand Delivery or Faxed to this number _____ or
- by placing it in the United States mail, postage pre-paid

AND

I certify that on _____ (date) a copy of the **Affidavit of Arrears** was served to the Obligor:

- Hand Delivery or Faxed to this number _____ or
- by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

Your Signature