ARREARAGE CALCULATION WORKSHEET

State Form 51799 (6-04) / CSB 0008

* This state agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is voluntary and you will not be penalized for refusal.

Name of obligor	Name of custodial parent	
Obligor Social Security number *	Cause number	ISETS number

Original order	Date (*month, day, year*)	Amount $	Per	Arrearage ordered (*if any*) $
1st Modification or arrearage order	Date (*month, day, year*)	Amount $	Per	Arrearage ordered (*if any*) $
2nd Modification or arrearage order	Date (*month, day, year*)	Amount $	Per	Arrearage ordered (*if any*) $

YEAR	PERIOD OF COMPUTATION	# OF PMTS DUE (*# OF WEEKS*)	AMOUNT OF ORDER	TOTAL OWED	TOTAL PAID	DIFFERENCE (ARREARAGE)
	TO	X	$ =	$ 0 -	$ =	$ 0.00
	TO	X	$ =	$ 0 -	$ =	$ 0.00
	TO	X	$ =	$ 0 -	$ =	$ 0.00
	TO	X	$ =	$ 0 -	$ =	$ 0.00
	TO	X	$ =	$ 0 -	$ =	$ 0.00
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	TO	X	$ =	$ 0 -	$ =	$ 0.00
	TO	X	$ =	$ 0 -	$ =	$ 0.00
	TO	X	$ =	$ 0 -	$ =	$ 0.00
				TOTAL ARREARAGE OWED $		**0.00**

Comments: