# 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 |
|---|---|---|

| | Date (*month, day, year*) | Amount | Per | Arrearage ordered (*if any*) |
|---|---|---|---|---|
| Original order | | $ | | |
| 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 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | TO | X | $ = | $ 0 | -$ | -$ 0 |
| | | | | | **TOTAL ARREARAGE OWED** | **0** |

Comments: