| District Court   |                                  |
|--|----------------------------------|
| Colorado County:   |                                  |
| Court Address:   |                                  |
| Parties:   |                                  |
| Petitioner:  |                                  |
| Respondent:(or Co-petitioner)                                      | Court Use Only                   |
| Filed by:  | Court Ose Offiny                 |
| Name:  | Case<br>Number:                  |
| Address:   | Division:                        |
| Phone Fax:   | Courtroom:                       |
| Email: Bar Number:(For lawyers)                                    |                                  |
| (For lawyers)  |                                  |
| 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 \$       |                                  |
| The full support payment has not been timely made and was due      | to: (check applicable statement) |
| a. the Family Support Registry on or before (enter due date) _     |                                  |
| b. me, the Obligee directly, on or before (enter due date)         |                                  |
|  |                                  |
| 4. If any modifications have been made to the Support Order comple | ete 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. Total int  | Total interest on amount of child support due |   |   | + \$                        |   |
|----|---|---|---|---|-----------------------------|---|
|    | Note  | Due and not p                                 | rise agreed, interest is ca<br>aid <b>before</b> 7/1/2021:<br>aid <b>afte</b> r 7/1/2021: | lculated at: See C.F. 12%, compound 10%, compound | •                           |   |
|    | d. Total pri  | incipal plus intere                           | est of child support due  |   | = \$                        |   |
| 6. | Total mainte  | enance due (                                  | payments due  | e x \$)   | \$                          |   |
|    | a. Total an   | nount of maintena                             | ance paid   |   | - \$                        |   |
|    | b. Total pri  | incipal amount of                             | maintenance due   |   | = \$                        |   |
|    | c. Total int  | erest on mainten                              | ance due (8% unless ot  | herwise agreed)                                   | + \$                        |   |
|    | d. Total pri  | incipal plus intere                           | est of maintenance due  | •   | = \$                        |   |
| 8. |   | en the arrears acc                            | Support Registry, or de<br>crued for child support  |   | parate sheet of paper o     | f |
|    | I certify that on <i>(enter date)</i> , I gave a copy of this document to the other parties by: |   |   |   |                             |   |
|    |   | Hand Delivery<br>Email or Fax to: _           | ☐ Colorado Court  |   | courts.state.co.us/efiling) |   |
|    | F   | Regular Mail, add                             | ressed to: (Name, full n  | nailing address.)                                 |                             |   |
| 9. | Verified Sig  | ınature                                       |   |   |                             |   |
|    | correct.  |   | rjury under the law of 0  |   |                             |   |
|    | Exe   | cuted on the(dat                              | e) day of (month)   | ,<br>(year)                                       | , at                        |   |
|    | (city   | or other location,                            | ,   | and state or country)                             | <u> </u>                    |   |
|    | Print Name:   | _   | S   | ignature:   |                             |   |
|    | Attorney Sig  | nature: (if any)                              |   |   |                             |   |