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		$		
2nd Modification or arrearage order		$		

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
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	TO		X	$	=	$ 0	-$	-$ 0
	TO		X	$	=	$ 0	-$	-$ 0
	TO		X	$	=	$ 0	-$	-$ 0
	TO		X	$	=	$ 0	-$	-$ 0
						TOTAL ARREARAGE OWED		0

Comments: