

## AFFIDAVIT OF ARREARS

Arrearage as of the last court order signed by a Judge: \$ \_\_\_\_\_

DSS began collection of your ongoing child support only as of: \_\_\_\_\_

Do not take your calculations past the above date. ↱

Enter the amount of your monthly ongoing child support only, do not include arrears: \$ \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

1	Amount Due	Amount Paid	Balance	2	Amount Due	Amount Paid	Balance
JAN				JAN			
FEB				FEB			
MAR				MAR			
APR				APR			
MAY				MAY			
JUN				JUN			
JUL				JUL			
AUG				AUG			
SEP				SEP			
OCT				OCT			
NOV				NOV			
DEC				DEC			
Totals	➡	➡		Totals	➡	➡	

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

3	Amount Due	Amount Paid	Balance	4	Amount Due	Amount Paid	Balance
JAN				JAN			
FEB				FEB			
MAR				MAR			
APR				APR			
MAY				MAY			
JUN				JUN			
JUL				JUL			
AUG				AUG			
SEP				SEP			
OCT				OCT			
NOV				NOV			
DEC				DEC			
Totals	➡	➡		Totals	➡	➡	

State of Maryland County of Charles

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

(Personalized Seal)

Signature of Affiant \_\_\_\_\_

Notary Public's Signature \_\_\_\_\_

Notary Public in and for the State of Maryland.

My commission expires \_\_\_\_\_

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JUL				JUL			
AUG				AUG			
SEP				SEP			
OCT				OCT			
NOV				NOV			
DEC				DEC			
Totals	➡	➡		Totals	➡	➡	

YEAR: \_\_\_\_\_

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