



I, _____, declare that between the dates of

_____ & _____,
(Beginning Date) (Ending Date)

_____ I have not received any child support. _____
Date of last payment/If any.

I receive no child support because:

- ___ Absent Parent's address is unknown.
- ___ Father is unknown. There is no name on birth certificate.
- ___ Absent parent is incarcerated.
- ___ Receiving TANF/Family Assistance Program. Child support retained by State.
- ___ Absent parent is deceased. Receiving survivor's benefits ___ Yes ___ No
- ___ Other, please explain in comments section.

_____ I have received child support in the amount of \$ _____ per _____.

*****If not received through the state, documentation of child support payment is required. A statement signed by payer with name, address and telephone number is acceptable *****

For _____
(Name of Child/Children)

The other parent's name, last known address and phone number are: _____
(Name)

_____ & (____) _____
(Address, City, State) (Phone Number)

Comments: _____

I attest under the penalty of perjury that the above information is true & accurate.

Signature: _____

*****FOR OFFICE USE ONLY*****

Child Support Hotline Verification: 1-800-371-8844

(Press 1 for English, Press 1 for Payee / Press 2 for Payor, Enter SSN & #, Press 3 for last 5 payments)

Client's Social Security Number: _____

<u>Date Received:</u>	<u>Amount Received:</u>	<u>Received By:</u> <u>(State/Client)</u>	<u>Amount Paid by Client</u> <u>indicate child's name</u>
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		

Verified By: _____ Verified On: _____