

AFFIDAVIT OF SUPPORT RECEIVED

State of _____)
 _____)ss.
 Judicial District/County _____)

CSED Case # ___
 Non-custodian's Name ___

I, _____, being first duly sworn, do swear under penalty for lying under oath, that the following statement is to the best of my knowledge true and accurate:

1. I am the custodian of the minor children listed below

2. I am entitled to receive child support payments under an administrative/court child support order. OR
- I do not have an administrative or judicial child support order.

3. I received the following amounts directly from the non-custodial parent as:

child support payments for the children listed in #1 above and

alimony payments pursuant to a court order.

YEAR			YEAR			YEAR			YEAR						
	Overnight	Alimony Paid	Support Paid		Overnight	Alimony Paid	Support Paid		Overnight	Alimony Paid	Support Paid		Overnight	Alimony Paid	Support Paid
JAN				JAN				JAN				JAN			
FEB				FEB				FEB				FEB			
MAR				MAR				MAR				MAR			
APR				APR				APR				APR			
MAY				MAY				MAY				MAY			
JUN				JUN				JUN				JUN			
JUL				JUL				JUL				JUL			
AUG				AUG				AUG				AUG			
SEP				SEP				SEP				SEP			
OCT				OCT				OCT				OCT			
NOV				NOV				NOV				NOV			
DEC				DEC				DEC				DEC			
TOTAL				TOTAL				TOTAL				TOTAL			

 Custodian

SUBSCRIBED AND SWORN to me this _____ day of _____, _____

Notary Public in and for _____

My Commission Expires: _____