



# VOLUNTARY CHILD SUPPORT STATEMENT

**\*THIS FORM MUST BE COMPLETED BY THE PARENT WHO PAYS CHILD SUPPORT TO YOU.**

I, \_\_\_\_\_, pay voluntary child support for the following child/children:

|   |  |   |  |
|---|--|---|--|
| 1 |  | 4 |  |
| 2 |  | 5 |  |
| 3 |  | 6 |  |

How often is support paid?    \_\_\_\_\_ Weekly    \_\_\_\_\_ Bi-Weekly    \_\_\_\_\_ Monthly

**PLEASE LIST THE DATES AND AMOUNTS OF YOUR LAST PAYMENTS:**

|   | Date | Amount Paid |
|---|------|-------------|
| 1 |      |             |
| 2 |      |             |
| 3 |      |             |
| 4 |      |             |
| 5 |      |             |
| 6 |      |             |

I certify that this information is true and correct.

I also understand that if I intentionally provide false or inaccurate information I may be subject to further investigation and/or prosecution.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

**For Office Use Only:**

I have reviewed the applicable child support websites and verified that no other support exists as of the date indicated.      Specialist Initials \_\_\_\_\_      Date \_\_\_\_\_