



# 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 \_\_\_\_\_