



AFFIDAVIT OF DIRECT PAYMENTS

I, _____, the custodial parent:

- Certify that: (select one option below)
 - I have not received any support payments (in any form) directly from _____, the non-custodial parent.
 - The following is a correct list of support payments received from _____, the non-custodial parent. I further certify that the payments listed below are not on the official payment record of the County.
- I authorize and request the Domestic Relations Office to disclose this document, in its entirety, to the non-custodial parent and file it with the court.

Date

Custodial Parent's Signature

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN to before me on this _____ day of _____, _____.

Notary Public in and for the State of _____

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

Cause No. _____

Total of direct payments: _____