

VERIFICATION OF CHILD SUPPORT CONTRIBUTED:

I,		, do hereby swear or affirm that I		
Contribute the sum of \$	per() week or month () to	
(Recipient's Name)		(Recipient's Address)		
As a contribution for family	y expenses:			
Dated thisday or	f	, 20		
(Print Name)		(Address)		
(Signature)		(City/State/Zip Code)		
()				
(Telephone)		(Social Security#)		
WARNING! TITLE 18, SE PERSON IS GUILTY OF F FRADULENT STATEMEN STATES.	FELONY FOR KNO	OWINGLY AND W	ILLINGLY I	FALSE OR
Subscribes and sworn to be	fore me, a notary p	ublic, in and for the	County of	
	, State of		, this	day
Of	20			
			No	otary Public
			My Com	mission Expires