To: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noncustodial Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV-D Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Enclosed is an affidavit you must complete to show the amount of child support you have received from the noncustodial parent named above. Complete this form for the above-named children who are receiving public assistance or non-K-TAP (nonpublic assistance) child support services and for whom you have requested enforcement and/or collection of past-due support.

Amounts shown on the affidavit must be those amounts paid on behalf of the children listed above and, if ordered, spousal support (alimony or maintenance).

If there are no court orders or records for support paid, the Office of the Attorney General (OAG), Department of Child Support Services (DCSS) will only be able to collect the past-due support determined by the affidavit. Non-K-TAP custodial parents must provide certified copies of payment records. If you do not complete and return the enclosed affidavit, past due support owed to you for periods before the date DCSS becomes payee will not be included in any enforcement action taken. As a result, you may be unable to collect these amounts at a future date. For example, if you do not complete the affidavit and DCSS obtains a judgment for the amount the noncustodial parent owes after DCSS becomes payee, this may affect your future ability to collect past-due support owed before DCSS becomes payee.

**Sign the affidavit before a notary public and return it within 15 calendar days to the address provided below. A notary public can be found at the child support office shown below, at your bank, or at the local courthouse.**

**Failure to return the attached form may result in a reduction of public assistance benefits or child support services for failing to cooperate.**

According to Kentucky Revised Statutes 405.430(12), “No person shall knowingly make, present, or cause to be made or presented to an employee or officer of the Office of the Attorney General any false, fictitious, or fraudulent statement, representation, or entry in any application, report, document, or financial record used in determining child support or child care obligations.” In addition, per KRS 405.991(3), “A person who violates KRS 405.430(12) shall be guilty of a Class A misdemeanor in addition to any other penalties provided by law. . .”

If you have any questions, contact our office at the address or telephone number shown below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CUSTODIAL PARENT AFFIDAVIT OF SUPPORT PAID

This is your statement of child support and, if ordered, spousal support (alimony or maintenance) that the noncustodial parent has paid to you directly. We can only collect past-due support for the time periods for which you provide accurate information and records.

NAME OF COURT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURT ORDER NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUSTODIAL PARENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NONCUSTODIAL PARENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IV-D NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enter the information requested for the time periods shown below. Complete and sign the second page of this form before a notary public. Failure to return this affidavit may result in a reduction of public assistance or child support services for failure to cooperate. Anyone who knowingly provides a false or fictitious statement shall be guilty of a “Class A” misdemeanor in addition to the penalties provided by law.**

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| FROM | THRU | FROM | THRU | FROM | THRU |
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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear that the following is a true statement to the best of my knowledge. Support payments have been made to me as follows. **(CHOOSE ONE)**

( ) All support received has come through the court clerk or collection agency. I have received no support payments directly from the person who is ordered to pay support. **Sign this form before a notary public and return**.

**If you are applying for non-K-TAP (nonpublic assistance) services, obtain a certified copy of all pay records from the court clerk or the collection agency for the specified dates. Sign this form before a notary public and return with the certified records**.

( ) The noncustodial parent has never paid support. **Sign this form before a notary public and return**.

( ) I have no records of support payments made by the noncustodial parent. To the best of my memory, I can give the noncustodial parent credit for $\_\_\_\_\_\_\_\_\_\_ between \_\_\_\_\_\_\_\_\_\_ (date) and \_\_\_\_\_\_\_\_\_\_ (date). **Sign this form before a notary public and return**.

( ) The noncustodial parent is current in all support payments through \_\_\_\_\_\_\_\_\_\_\_\_. **Sign this form before a notary public and return**.

( ) Support payments received from the noncustodial parent are listed on page two of this form. I have \_\_\_\_ I have not \_\_\_\_\_ (check one) received additional payments through a court or a collection agency.  **Sign this form before a notary public and return.**

( ) Have you ever received public assistance in Kentucky or another state? If so, please provide dates and states where you resided while receiving assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If you are applying for non-K-TAP services, obtain a certified copy of all payment records from the court clerk or the collection agency. Sign this form before a notary public, return the certified payment records and the form to the address on page 1.**

IV-D#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the noncustodial parent has been ordered to pay spousal support or medical support or both in addition to child support, you must include the total amount paid each month: child support, spousal support, and medical support.

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.**

If you have any questions, contact our office at the address or telephone number shown on page one (1) of this letter.