

CHILD SUPPORT DOCUMENTATION

(To be completed by the person paying child support. Please print clearly)

Date _____

I _____, pay child support to
(print name of person paying support)

_____ for the following child/children:
(print name of person receiving support)

Child's Name: _____
Amount paid: _____ How Often? Weekly, Biweekly, Monthly

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Child's Name: _____
Amount paid: _____ How Often? Weekly, Biweekly, Monthly

_____ Date: _____
(signature of person paying support)

Address: _____

City, State, Zip: _____

Phone No.: _____
