



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
PAYMENT AFFIDAVIT

INSTRUCTIONS

This form is a notarized statement from you, the custodial parent/custodian, about how much child support and/or maintenance (also known as spousal support or alimony) the noncustodial parent paid directly to you. Direct payments are payments the noncustodial parent gave you or mailed directly to you. This statement also provides the Family Support Division's (FSD's) child support program with information on other offices that have collected support for you, so the child support program can obtain payment records from those offices, if necessary. The child support program needs this information to calculate the amount of past-due support, if any.

1. Please complete the information requested below by typing or writing answers in ink.
2. You must sign the back page of this affidavit in front of a notary public. Do not sign until you are in the presence of the notary public, who must witness your signature. FSD child support offices provide free notary public services for this affidavit. Visit <http://dss.mo.gov/cse/child-support-offices.htm> to find the nearest child support office. Most banks also have notaries, but may charge a fee if you do not have an account.
3. **You cannot use this affidavit to give credit for support amounts that you did not receive.** By completing this affidavit, you are stating that you received the amounts listed. If the noncustodial parent owes you an amount that you do not want to collect, you may close your child support case or consult an attorney about filing court documents to waive collection of all or part of the debt owed to you.
4. If you have any questions, please immediately contact the Customer Service Call Center, toll-free, at 1-866-313-9960.
5. Return this completed affidavit by the due date shown below to:
Family Support Division
PO Box 6790
Jefferson City, MO 65102-6790
6. If you receive Temporary Assistance benefits and you do not return this affidavit on time, you may lose some of your Temporary Assistance money. If you do not receive Temporary Assistance benefits and you do not return this affidavit on time, we may close your child support case.

THIS COMPLETED AFFIDAVIT MUST BE NOTARIZED AND RETURNED ON OR BEFORE ►	DATE
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AFFIDAVIT

COUNTY AND STATE OF ORDER	COURT ORDER NUMBER	IV-D CASE NUMBER
CUSTODIAL PARENT/CUSTODIAN NAME (PERSON ORDERED TO RECEIVE SUPPORT)		NONCUSTODIAL PARENT NAME (PERSON ORDERED TO PAY SUPPORT)

PLEASE CHECK ALL BOXES THAT APPLY, PROVIDE ANY INFORMATION REQUESTED, SIGN THE BACK OF THIS FORM IN FRONT OF A NOTARY PUBLIC AND RETURN IT TO THE FSD OFFICE SHOWN ABOVE.

- I have **not received a support payment** for the above-listed order since the order was entered.
- I received support payments for the above-listed order directly from the **noncustodial parent. (If this box is checked, you must list direct payment amounts on the back of this form.)**
- I received support payments for the above-listed order from the **Family Support Payment Center, Missouri State Treasurer or the circuit clerk in the county where the order is filed.**
- I received support payments for the above-listed order from **another state's child support payment office.** Please write as much information as you know about the other state's payment office on the lines below (office name, address, city, state, telephone number).

OTHER PAYMENT INFORMATION YOU WISH TO PROVIDE TO THE CHILD SUPPORT PROGRAM:

INSTRUCTIONS FOR REPORTING DIRECT PAYMENTS:

1. Only complete payment information below to report support amounts you received **directly** from the noncustodial parent since the order was entered. If you did not receive a support payment directly from the noncustodial parent, skip the section below and sign the bottom of this form in the presence of a notary public.
2. If your direct payment history is longer than six years, please attach extra sheets (completed in ink or typed), and have your signature notarized on the extra sheets.
3. Sign below in the presence of a notary public and return this affidavit to the Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.

YEAR _____			YEAR _____			YEAR _____		
	CHILD SUPPORT RECEIVED	MAINTENANCE RECEIVED		CHILD SUPPORT RECEIVED	MAINTENANCE RECEIVED		CHILD SUPPORT RECEIVED	MAINTENANCE RECEIVED
JAN			JAN			JAN		
FEB			FEB			FEB		
MAR			MAR			MAR		
APR			APR			APR		
MAY			MAY			MAY		
JUN			JUN			JUN		
JUL			JULY			JUL		
AUG			AUG			AUG		
SEP			SEP			SEP		
OCT			OCT			OCT		
NOV			NOV			NOV		
DEC			DEC			DEC		
TOTAL			TOTAL			TOTAL		

YEAR _____			YEAR _____			YEAR _____		
	CHILD SUPPORT RECEIVED	MAINTENANCE RECEIVED		CHILD SUPPORT RECEIVED	MAINTENANCE RECEIVED		CHILD SUPPORT RECEIVED	MAINTENANCE RECEIVED
JAN			JAN			JAN		
FEB			FEB			FEB		
MAR			MAR			MAR		
APR			APR			APR		
MAY			MAY			MAY		
JUN			JUN			JUN		
JUL			JUL			JUL		
AUG			AUG			AUG		
SEP			SEP			SEP		
OCT			OCT			OCT		
NOV			NOV			NOV		
DEC			DEC			DEC		
TOTAL			TOTAL			TOTAL		

SIGN HERE IN THE PRESENCE OF A NOTARY PUBLIC ► SIGNATURE OF CUSTODIAL PARENT/CUSTODIAN _____ DATE _____

NOTARY INFORMATION			
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF _____		COUNTY (OR CITY OF ST. LOUIS) _____
	SUBSCRIBED AND SWORN TO BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF _____	YEAR _____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		