

Declaration of Non-receipt of Child Support

Name: _____

As Head of Household and primary provider of said minor children: (please list below)

Name of child	Date of birth	Individual responsible for Support payments

I DO NOT RECEIVE any child support.

Please explain _____

CHECK ALL STATEMENTS THAT APPLY:

- My child's other parent is deceased or disabled; I receive Social Security benefits
- Payments are made directly to me – we have no legal document requiring support. Payments are made _____ weekly _____ monthly _____ or randomly. If random, what was the total received in 2016 \$_____ and 2017 \$_____.
- No payments of support are made, but the other parent provides, food, clothing, etc., for said child/ren.
- We have not settled our separation/divorce; no child support recommendations have been made or agreed.

Signature

Date

Notary Public

Date

Commission Expires: _____

Residing at: _____
