

AFFIDAVIT OF SUPPORT RECEIVED

If more than one page is needed, please make copies of this page. See back for instructions.

If you received no support, please submit this affidavit with the "no support received" options checked in Items 3 and 4.

State of _____

CSED case number _____

Judicial District/County _____

Noncustodial parent's name _____

I, _____, being first duly sworn, do swear under penalty for lying under oath that the following information is true and accurate to the best of my knowledge:

1. I am the custodian of these minor children:

Child's full name	Date of birth	Child's full name	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. <input type="checkbox"/> An administrative order from CSED or another child support agency directs that I am entitled to receive child support.	OR	<input type="checkbox"/> A court order directs that I am entitled to receive <input type="checkbox"/> child support <input type="checkbox"/> alimony (spousal support)	OR	<input type="checkbox"/> No administrative or court order for child support is in effect at this time.
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3. <input type="checkbox"/> I received child support payments directly from the noncustodial parent as listed in the table below.	OR	<input type="checkbox"/> I am not sure how much child support I've received from the noncustodial parent. I estimate that I received \$_____ in (year/month) _____.	OR	<input type="checkbox"/> I have received no child support from the noncustodial parent.
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4. <input type="checkbox"/> I received alimony (spousal support) directly from the noncustodial parent as listed in the table below.	OR	<input type="checkbox"/> I am not sure how much alimony (spousal support) I've received from the noncustodial parent. I estimate that I received \$_____ in (year/month) _____.	OR	<input type="checkbox"/> I have received no alimony (spousal support) from the noncustodial parent.
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Year:	Child Support	Alimony/ Spousal
Jan		
Feb		
Mar		
Apr		
May		
Jun		
July		
Aug		
Sep		
Oct		
Nov		
Dec		

Year:	Child Support	Alimony/ Spousal
Jan		
Feb		
Mar		
Apr		
May		
Jun		
July		
Aug		
Sep		
Oct		
Nov		
Dec		

Year:	Child Support	Alimony/ Spousal
Jan		
Feb		
Mar		
Apr		
May		
Jun		
July		
Aug		
Sep		
Oct		
Nov		
Dec		

Signature of Custodian

SUBSCRIBED and SWORN to me this ____ day of _____, 20__

CSED main office mailing address:
550 W 7th Ave Suite 310
Anchorage AK 99501-6699

Notary Public for the State of _____
My commission expires: _____