

Child Support Verification Form



IF YOU HAVE A COURT ORDER FOR CHILD SUPPORT, PLEASE ATTACH PROOF. OBTAIN PRINTOUT & CASE NUMBER FROM CSE OFFICE WWW.MYPALMBEACHCLERK.COM OR WWW.MYFLORIDACOUNTY.COM

Custodial Parent Name: _____

If you are a Parent/Guardian/Foster Parent and do not live with the father/mother of all of the child(ren), you are required to inform us of the status of child support for each absent parent(s) at each placement and redetermination.

You need to provide proof of the amount of child support for each child counted in the household. **Failure to complete and return this form can result in the loss of your child care scholarship.**

Please complete section(s) that apply to you.

SECTION ONE RECEIPT OF CHILD SUPPORT: *(To be completed by the parent/guardian only if you do receive child support)*

Absent Parent Name: _____ He/she is the parent of: _____
Is Child Support Court Ordered { } Yes { } No Child 1: _____
If yes, what State _____ Child 2: _____
Case #: _____ Child 3: _____
Child 4: _____

Custodial Parent's Signature: _____ Date: _____

SECTION TWO – COMPLETED BY NON-CUSTODIAL PARENT(S):
Choose and check the selection that applies to you:

1. I do not pay child support. I have not paid child support since: _____
2. I consistently pay child support in the amount of _____ per: weekly/bi-weekly/monthly (circle one).
3. I pay child support that varies from week to week. In the past six weeks, I have paid the following amounts:

Date: _____	Amount Paid: _____	Date: _____	Amount Paid: _____
Date: _____	Amount Paid: _____	Date: _____	Amount Paid: _____
Date: _____	Amount Paid: _____	Date: _____	Amount Paid: _____

Signature of Non-Custodial Parent: _____
Date: _____
Address: _____

SECTION THREE (To be completed if you are receiving child support that is not court ordered)

Phone: _____

Child One: Amount Received: _____ weekly/bi-weekly/monthly (circle one).
Child Two: Amount Received: _____ weekly/bi-weekly/monthly (circle one).
Child Three: Amount Received: _____ weekly/bi-weekly/monthly (circle one).

Custodial Parent's Signature: _____ Date: _____

SECTION FOUR --NONRECEIPT OF CHILD SUPPORT: *(To be completed by the parent/guardian only if you do not receive child support)*

Custodial Parent's Signature: _____ Date: _____

The information provided on this form is true and complete to the best of my knowledge. I fully understand that any omissions, falsifications or misrepresentations may disqualify my child (ren) from receiving child care scholarship and that I may be liable for prosecution under the full strength of the law plus repayment of ineliable child care services.

