

Child Support Verification Form



IF YOU HAVE A COURT ORDER FOR CHILD SUPPORT, PLEASE ATTACH PROOF. OBTAIN PRINTOUT & CASE # FROM CSE OFFICE WWW.MANATEECLERK.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.**

- If you **do not** receive child support and the absent parent(s) has no contact with the child(ren), complete **Section One**.
- If you do not have verification of child support but receive monies regularly, have a third party outside of your home but who can verify what you receive, complete **Section Two**.
- If you have contact with the absent parent(s), you must have the absent parent complete **Section Three**. Extra Forms are included for use if there is more than one absent parent.

ABSENT PARENT INFORMATION:

Absent Parent Name: _____ He/she is the parent of: _____

Is Child Support Court Ordered { } Yes { } No And: _____

If yes, what State _____ Case #: _____ And: _____

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

If you are not receiving child support, please explain why: _____

_____ Date Last Rec'd: _____

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 ineligible child care services.

Custodial Parent's Signature: _____ SSN: _____ Date: _____

SECTION TWO - THIRD PARTY VERIFICATION (i.e. Relative, Friend, Eligibility Worker, etc):

For use only if unable to get absent parent(s) to complete Section Three. If there is no proof of receipt or non-receipt of child support, please explain what you know regarding child support.

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 I may be liable for prosecution under the full strength of the law.

Signature of Third Party _____ Date _____ Address _____

Telephone Number of Third Party _____

SECTION THREE – COMPLETED BY ABSENT 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: week/bi-week/month (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 Absent Parent: _____ Date: _____

Address: _____ Phone: _____