

Declaration of Voluntary Child Support

Client Name: _____ SS#(optional): _____ - _____ - _____

You may complete more than one section, if needed:

Section 1. This section should be completed by the Non-Custodial parent/payer:

Name: _____ SS#(optional): _____ - _____ - _____

List the name(s) of child(ren) for whom voluntary child support is paid:

I voluntarily pay child support in the amount of \$_____ every:

Frequency: Weekly Bi-weekly Monthly Other: _____

For the child(ren) listed above.

Signature of Client

Date

Phone Number

Section 2. If the non-custodial parent is NOT AVAILABLE, this section must be completed by the client/recipient:

List the name(s) of child(ren) for whom voluntary child support is received:

Name of Non-Custodial Parent: _____

Amount received: \$ _____

Frequency: Weekly Bi-weekly Monthly Other: _____

I am unable to provide a statement from non-custodial parent because:

Non-custodial parent refuses to sign statement.

I am not in contact with non-custodial parent.

Other: _____

Signature of Client

Date

Phone Number