

AGENCY SUBMITTING AFFIDAVIT

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ IVD NUMBER \_\_\_\_\_

**AFFIDAVIT OF DIRECT CHILD SUPPORT PAYMENTS**

NAME OF AFFIANT \_\_\_\_\_

NAME OF PAYER OF SUPPORT \_\_\_\_\_

COUNTY AND STATE OF CHILD SUPPORT ORDER \_\_\_\_\_

COURT FILE DOCKET NUMBER \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CERTIFY UNDER PENALTY OF PERJURY,

1. THAT I AM ENTITLED TO RECEIVE CHILD SUPPORT PAYMENTS FOR THE MINOR CHILD(REN) \_\_\_\_\_ IN THE ABOVE COURT FILE
2. I HAVE RECEIVED \$ \_\_\_\_\_, IN DIRECT CHILD SUPPORT PAYMENTS FROM \_\_\_\_\_ (PAYER'S NAME) DURING THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_, 200\_.
3. ALL OTHER CHILD SUPPORT PAYMENTS I HAVE RECEIVED IN THIS CASE HAVE BEEN PROCESSED THROUGH OR NOTICE THEREOF GIVEN TO THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ILLINOIS.
4. I HAVE REQUESTED THAT THE ILLINOIS DEPARTMENT OF PUBLIC AID PREPARE APPROPRIATE PLEADINGS TO ENFORCE MY CHILD SUPPORT ORDER BASED UPON THE COURT'S RECORDS, THE CLERK'S RECORDS AND THIS AFFIDAVIT.

**CERTIFICATION**

UNDER PENALTIES AS PROVIDED BY LAW PURSUANT TO SECTION 1-109 OF THE CODE OF CIVIAL PROCEDURE, THE UNDERSIGNED CERTIFIES THAT THE STATEMENTS SET FORTH IN THIS INSTRUMENT ARE TRUE AND CORRECT, EXCEPT AS TO SUCH MATTERS THEREIN STATED TO BE ON INFORMATION AND BELIEF AND AS TO SUCH MATTERS THE UNDERSIGNED CERTIFIES THAT HE/SHE BELIEVES THE SAME TO BE TRUE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, KENOSHA, WISCONSIN

MY COMMISSION EXPIRES \_\_\_\_\_