

<b>OBLIGOR/OBLIGEE</b>	<b>AFFIDAVIT REGARDING DIRECT PAYMENTS</b>	<b>CASE NUMBER</b> 05 - - - - XXXX-XX
------------------------	--	--

I, \_\_\_\_\_, the above named ☐ Obligor ☐ Obligee, under penalty of perjury, do hereby swear and/or affirm that I ☐ received ☐ paid direct the following payments on the dates indicated:

PAYMENT DATE	PAYMENT AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The total amount ☐ received ☐ paid (as evidenced by copies of cancelled checks) through direct payment is \$\_\_\_\_\_.

☐ Neither of the parties hereto have previously received any AFDC monies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk