OBLIGOR/OBLIGEE
_____

CASE NUMBER
05- -DR- - -

AFFIDAVIT REGARDING DIRECT PAYMENTS

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 monies from the Aid to Families with Dependent Children (AFDC) program.

Dated this _____ day of _____, 20___.

_____ _____
Affiant's Signature Printed Name

_____ _____
Address Phone Number

Sworn to and subscribed before me this _____ day of _____, 20___.

_____
Notary Public/Deputy Clerk