

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
Law 422 / Rev. 09-29-2025