

# Affidavit of Child Support Payment History

State of

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County of

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I, (Affiant Name):

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Address:

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Being duly sworn, state that the following is a true and correct record of all child support payments made as set forth below:

Date of Payment	Amount Paid	Payment Method	Recipient	Notes

Other Relevant Information (if any):

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I affirm that the above information is complete, true, and correct to the best of my knowledge and belief.

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Signature of Affiant

Date: \_\_\_\_\_

Notary Public:

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My Commission Expires:

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