

## AFFIDAVIT OF UNPAID CHILD SUPPORT ARREARAGES

Do you want us to pursue collection of the arrears listed below?    Yes  No

Year_____	AMOUNT DUE	AMOUNT PAID	AMOUNT STILL OWED
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

Year_____	AMOUNT DUE	AMOUNT PAID	AMOUNT STILL OWED
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

I certify that the above information is true and completed to the best of my knowledge.

Subscribed and sworn to before me this  
 \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_ Affiant

\_\_\_\_\_  
 Notary Public