

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

CUSTODIAL PARENT AFFIDAVIT

Date: _____

Noncustodial Parent: _____

IV-D Number: _____

Children: _____

Enclosed is an affidavit you must complete to show the amount of child support you have received from the noncustodial parent named above. Complete this form for the above-named children who are receiving public assistance or non-K-TAP (nonpublic assistance) child support services and for whom you have requested enforcement and/or collection of past-due support.

Amounts shown on the affidavit must be those amounts paid on behalf of the children listed above and, if ordered, spousal support (alimony or maintenance).

If there are no court orders or records for support paid, the Cabinet for Health and Family Services (CHFS) will only be able to collect the past-due support determined by the affidavit. Non-K-TAP custodial parents must provide certified copies of payment records. If you do not complete and return the enclosed affidavit, past due support owed to you for periods before the date CHFS becomes payee will not be included in any enforcement action taken. As a result, you may be unable to collect these amounts at a future date. For example, if you do not complete the affidavit and CHFS obtains a judgment for the amount the noncustodial parent owes after CHFS becomes payee, this may affect your future ability to collect past-due support owed before CHFS becomes payee.

Sign the affidavit before a notary public and return it within 15 calendar days to the address provided below. A notary public can be found at the child support office shown below, at your bank, or at the local courthouse.

Failure to return the attached form may result in a reduction of public assistance benefits or child support services for failing to cooperate.

According to Kentucky Revised Statutes 405.430(12), "No person shall knowingly make, present, or cause to be made or presented to an employee or officer of the cabinet any false, fictitious, or fraudulent statement, representation, or entry in any application, report, document, or financial record used in determining child support or child care obligations." In addition, per KRS 405.991(3), "A person who violates KRS 405.430(12) shall be guilty of a Class A misdemeanor in addition to any other penalties provided by law. . ."

If you have any questions, contact our office at the address or telephone number shown below.

Telephone: _____

CUSTODIAL PARENT AFFIDAVIT OF SUPPORT PAID

This is your statement of child support and, if ordered, spousal support (alimony or maintenance) that the noncustodial parent has paid to you directly. We can only collect past-due support for the time periods for which you provide accurate information and records.

NAME OF COURT _____
COURT ORDER NUMBER _____
NONCUSTODIAL PARENT _____

EFFECTIVE DATE _____
CUSTODIAL PARENT _____
IV-D NUMBER _____

Enter the information requested for the time periods shown below. Complete and sign the second page of this form before a notary public. Failure to return this affidavit may result in a reduction of public assistance or child support services for failure to cooperate. Anyone who knowingly provides a false or fictitious statement shall be guilty of a "Class A" misdemeanor in addition to the penalties provided by law.

FROM	THRU	FROM	THRU	FROM	THRU
FROM	THRU	FROM	THRU	FROM	THRU
FROM	THRU	FROM	THRU	FROM	THRU

I, _____, swear that the following is a true statement to the best of my knowledge. Support payments have been made to me as follows. **(CHOOSE ONE)**

() All support received has come through the court clerk or collection agency. I have received no support payments directly from the person who is ordered to pay support. **Sign this form before a notary public and return.**

If you are applying for non-K-TAP (nonpublic assistance) services, obtain a certified copy of all pay records from the court clerk or the collection agency for the specified dates. Sign this form before a notary public and return with the certified records.

() The noncustodial parent has never paid support. **Sign this form before a notary public and return.**

() I have no records of support payments made by the noncustodial parent. To the best of my memory, I can give the noncustodial parent credit for \$_____ between _____ (date) and _____ (date). **Sign this form before a notary public and return.**

() The noncustodial parent is current in all support payments through _____. **Sign this form before a notary public and return.**

() Support payments received from the noncustodial parent are listed on page two of this form. I have ____ I have not ____ (check one) received additional payments through a court or a collection agency. **Sign this form before a notary public and return.**

() Have you ever received public assistance in Kentucky or another state? If so, please provide dates and states where you resided while receiving assistance _____

If you are applying for non-K-TAP services, obtain a certified copy of all payment records from the court clerk or the collection agency. Sign this form before a notary public, return the certified payment records and the form to the address on page 1.

IV-D #: _____

If the noncustodial parent has been ordered to pay spousal support or medical support or both in addition to child support, you must include the total amount paid each month: child support, spousal support, and medical support.

SUPPORT PAID				SUPPORT PAID				SUPPORT PAID				SUPPORT PAID			
MO	DAY	YR	AMT	MO	DAY	YR	AMT	MO	DAY	YR	AMT	MO	DAY	YR	AMT

SUPPORT PAID				SUPPORT PAID				SUPPORT PAID				SUPPORT PAID			
MO	DAY	YR	AMT	MO	DAY	YR	AMT	MO	DAY	YR	AMT	MO	DAY	YR	AMT

Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires _____.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

If you have any questions, contact our office at the address or telephone number shown on page one (1) of this letter.