



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES

77 DORRANCE STREET PROVIDENCE, RHODE ISLAND

02903 (401) 458-4400 • WWW.CSE.RI.GOV

AFFIDAVIT OF DIRECT PAYMENTS

FC DOCKET No.:

I, _____, DO HEREBY DEPOSE AND STATE
UNDER OATH, THAT I RECEIVED THE SUM OF \$ _____ DIRECTLY
FROM _____, SOCIAL SECURITY No.,
_____ AND RETAINED THE MONEY.

ACCORDINGLY, THE OBLIGOR'S ACCOUNT SHOULD BE CREDITED BY THIS AMOUNT.

SIGNED *DATED*

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, IN THE
YEAR _____, IN THE CITY/TOWN OF _____ IN THE
STATE OF _____.

SIGNATURE NOTARY PUBLIC

NOTARY PUBLIC COMMISSION EXPIRES