



THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES  
77 DORRANCE STREET PROVIDENCE RI 02903  
(401)-458-4400 • [www.cse.ri.gov](http://www.cse.ri.gov)

FC DOCKET NO.:

\_\_\_\_\_

**AFFIDAVIT OF DIRECT PAYMENTS**

I, \_\_\_\_\_, DO HEREBY DEPOSE AND STATE  
UNDER OATH, THAT I RECEIVED THE SUM OF \$ \_\_\_\_\_ DIRECTLY FROM  
\_\_\_\_\_, AND RETAINED THE MONEY.

ACCORDINGLY, THE PLAINTIFF / DEFENDANT 'S ACCOUNT SHOULD BE  
CREDITED BY THIS AMOUNT.

\_\_\_\_\_  
*SIGNED*

\_\_\_\_\_  
*DATED*

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, IN THE YEAR 20\_\_\_\_, IN THE CITY/TOWN OF  
\_\_\_\_\_ IN THE STATE OF \_\_\_\_\_.

\_\_\_\_\_  
*SIGNATURE NOTARY PUBLIC*

\_\_\_\_\_  
*COMMISSION EXPIRES*