



**Department of Human Services**  
**Office of Child Support Services**  
 77 Dorrance Street  
 Providence RI. 02903  
 www.ccse.ri.gov

FC Docket #

**INJURED SPOUSE RELEASE AFFIDAVIT**

I, do hereby depose and state under oath the following:

1. My name is: \_\_\_\_\_ my present address is: \_\_\_\_\_ and my social security # is: \_\_\_\_\_
2. That I am the present spouse of: : \_\_\_\_\_ present address is: \_\_\_\_\_ and social security # is: \_\_\_\_\_
3. That I **have not** filed form 8379, Injured Spouse Allocation with the IRS.
4. That I am willing to relinquish any and all proceeds that I would otherwise be entitled to under the injured spouse provision of the tax code.
5. I am aware that any proceeds that may be due me will be applied towards past due child support owed by my present spouse \_\_\_\_\_
6. I have personal knowledge of the above facts.

\_\_\_\_\_ signed  
 Date

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_,  
 In the year \_\_\_\_\_, in the City/Town of \_\_\_\_\_, in the State of \_\_\_\_\_.

\_\_\_\_\_  
 My commission expires: \_\_\_\_\_