



**AFFIDAVIT OF CHILD SUPPORT PAID DIRECTLY**

Custodial Parent/Obligee Name: \_\_\_\_\_

Non-Custodial Parent/Obligor Name: \_\_\_\_\_

FGN: \_\_\_\_\_ Case Number: \_\_\_\_\_

I, \_\_\_\_\_, state the following to be records of any/all direct payments I have received from the non-custodial parent. These payments were made directly to me from the date of my child support order and were not through the State of Oklahoma. The payments were for the following child(ren):

NAME: _____	DOB: _____
NAME: _____	DOB: _____
NAME: _____	DOB: _____

MONTH	20__	20__	20__	20__
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
<b>TOTAL:</b>				

\*Indicate by an (x) anytime children were not in your care for 30 days or more.

Custodial Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

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

My Commission expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_