



# Early Learning Coalition of Sarasota County Child Care Connection

2886-C Ringling Blvd, Sarasota, FL 34237 / Ph: (941) 556-1600 Fax: (941) 556-1606

## Verification of Child Support from Non-Custodial Parent

**(Entire form must be completed by Non-Custodial parent)**

I \_\_\_\_\_ reside at  
(Non-Custodial Parent)

\_\_\_\_\_. This  
(Address, City, State, Zip)

letter is to verify that I pay child support payments to \_\_\_\_\_ for  
(Client/Custodial Parent)  
my child/ren \_\_\_\_\_ in

the form of      Cash      Money Order      Check

every              Week      Two weeks      Month

Other (please explain) \_\_\_\_\_

Below are the last 6 weeks of payments I have paid:

**Tip:**

***If paid weekly, list last 6 payments***

***If paid bi weekly, list last 3 payments***

***If paid monthly, list last 2 payments***

Date	Amount
1.	
2.	
3.	
4.	
5.	
6.	

I understand that it is against the law to give false information that will enable a person to receive services they are not eligible to receive. I certify that the information given is true and complete. I understand that if it is discovered that I have not been truthful with this information that I may be prosecuted for fraud. I may be required to pay back financial assistance I enable the above child/ren and or custodial parent to receive from the county or state.

\_\_\_\_\_  
Signature of Non-Custodial Parent

Date\_\_\_\_\_

\_\_\_\_\_  
Phone