



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