

DOCKET NO: _____

STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DIVISION OF FAMILY SUPPORT
CHILD SUPPORT ENFORCEMENT

IN THE INTEREST OF

COURT

LASES NO.

MINOR CHILD(REN) OF

PARISH

VS.

STATE OF LOUISIANA

AFFIDAVIT TO CREDIT CHILD SUPPORT ARREARS

I, _____ the custodial party hereby certify that the following information is true and correct:

- ☐ I have received direct payment from the noncustodial parent for Child Support in the amount of: \$ _____
(total amount paid/credit amount)
- Or
- ☐ I authorize satisfaction of the child support, medical support, and/or spousal support arrears in the amount of: \$ _____
(total amount to forgive)

The total amount of child support arrears owed to me after credit is given is: \$ _____
(balance owed to me as of date)

(initial) I authorize and request the Department of Children and Family Services (DCFS), Child Support Enforcement (CSE) to disclose this document to the noncustodial parent and add to the court record.

(initial) I further understand that by executing this document, the arrears which have been credited are deemed to be uncollectible.

(initial) I am making this request of my own free will, and I have not been coerced, intimidated, forced or in any manner placed under duress by anyone, including the noncustodial parent.

Custodial Party's Signature

Date:

This done and signed before me this _____ of _____, _____
Day Month Year

at _____
Location

Witness Signature

Witness Signature

Witness Typed or Printed Name

Witness Typed or Printed Name

Typed or Printed Name and Title/Notary ID No.

Signature

OFFICE USE ONLY: I hereby acknowledge that I have read and explained the above statements to the custodial party. The custodial party understands and initialed the above statements.

Agency Representative

Date