

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF CHILD SUPPORT SERVICES**

NONCUSTODIAL PARTY - PAYMENT AFFIDAVIT

Instructions for completing your Payment Affidavit

- A** For Sections CURRENT, ALIMONY, MEDICAL and CHILD CARE SUPPORT ORDERS”
1. Enter Order Amount. Example: \$ 50 per week or per month or per bi-monthly.
 2. Enter the court’s order starting date.
 3. Enter the Amount Due and the Amount Paid for each month in each of the three years.
 4. Add columns A and B for each year.
 5. Subtract the Total Amount Paid from the Total Amount Due and enter the amounts in Difference #1, 2 3.
 6. Enter the “Amount owed” for the support orders in years #1, #2, #3 in lines (C), (E), (F) and (G).
- B.** For the Section ARREARAGE SUPPORT ORDERS;
1. Enter Order Amount. Example: \$ 50 per week or per month or per bi-monthly and Starting date.
 2. Enter Year #1 Starting Balance amount.
 3. Enter the Amount Paid in each month of Year #1. (Repeat for Year #2 and #3)
 4. Add all month’s Amounts Paid. Enter in Total Year Amount Paid for Year #1. (Repeat for Year #2 and 3)
 5. Subtract the Total Year Amount Paid for Year #1 from *Starting Balance Year #1.
 6. Enter this amount in *New Starting Balance and in *Starting Balance Year #2. (Repeat for Year #3)
 7. Subtract the Total Year Amount Paid Year #3 from starting Balance Year #3. Enter in”Amount owed on arrearage Support” (D)
- C.** For Page 4 PAYMENT SUMMARY:
1. Enter Amounts Owed on each Support Order (C), (D), (E), (F), (G).
 2. Total Amount of Support Owed = (C) + (D) + (E) + (F) + (G)
 3. Sign your affidavit in front of the Child Support Enforcement Investigator.

Please Note: If an order is weekly, you will need to check the calendar to identify if a month has 4 or 5 charge weeks based on the start date of the court order. A bi-weekly order is payable every two weeks. A semi-monthly order is payable twice in a month.

THIS SECTION FOR CURRENT SUPPORT ORDERS:

Custodial Party _____ Noncustodial Parent _____

Order Amount: \$ _____ per _____ Starting Date: _____

	Year #1 \Rightarrow		Year #2 \Rightarrow		Year #3 \Rightarrow	
	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid
Jan						
Feb						
Mar						
Apr						
May						
Jun						
Jul						
Aug						
Sep						
Oct						
Nov						
Dec						
Total						
Difference Year #1 (total A-total B) \$		Difference Year #2 \$		Difference Year #3 \$		
Amount owed on current support (C)= Add difference of Year #1+ #2+ #3 \$						

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KEY _____

THIS SECTION FOR ARREARAGE SUPPORT ORDERS:

Custodial Party _____ Noncustodial Parent _____

Order Amount: \$ _____ per _____ Starting Date: _____

	Year #1 ⇨	Year #2 ⇨	Year #3 ⇨
*Starting Balance			
MONTH	Amount Paid	Amount Paid	Amount Paid
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total Year			
New Starting Balance(for next year)			Amount owed on Arrearage Support (D)\$

1. "New Starting Balance" = * Starting Balance' minus "Total Year" amount paid. This amount now becomes the next year * Starting Balance'.
2. "Amount owed on arrearage support" (D) " Starting Balance' year #3 minus 'Total Year #3' Amount Paid.

THIS SECTION FOR ALIMONY SUPPORT ORDERS:

Custodial Party _____ Noncustodial Parent _____

Order Amount: \$ _____ per _____ Starting Date: _____

	Year #1 ⇨		Year #2 ⇨		Year #3 ⇨	
	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid
Jan						
Feb						
Mar						
Apr						
May						
Jun						
Jul						
Aug						
Sep						
Oct						
Nov						
Dec						
Total						

Difference Year #1(total A-total B)\$ _____ Difference Year #2 \$ _____ Difference Year #3 \$ _____

Amount owed on Alimony Support (E) = Add difference of Year #1+ #2+ #3 \$ _____

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THIS SECTION FOR **MEDICAL** SUPPORT ORDERS

Custodial Party _____ Noncustodial Parent _____

Order Amount: \$ _____ per _____ Starting Date: _____

	Year #1 \Rightarrow		Year #2 \Rightarrow		Year #3 \Rightarrow	
	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid
Jan						
Feb						
Mar						
Apr						
May						
Jun						
Jul						
Aug						
Sep						
Oct						
Nov						
Dec						
Total						
Difference Year #1(total A-total B)\$		Difference Year #2 \$		Difference Year #3 \$		
Amount owed on Medical support (F)= Add difference of Year #1+ #2+ #3 \$						

THIS SECTION FOR **CHILD CARE** SUPPORT ORDERS:

Custodial Party _____ Noncustodial Parent _____

Order Amount: \$ _____ per _____ Starting Date: _____

	Year #1 \Rightarrow		Year #2 \Rightarrow		Year #3 \Rightarrow	
	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid	(A) Amount Due	(B) Amount Paid
Jan						
Feb						
Mar						
Apr						
May						
Jun						
Jul						
Aug						
Sep						
Oct						
Nov						
Dec						
Total						
Difference Year #1(total A-total B)\$		Difference Year #2 \$		Difference Year #3 \$		
Amount owed on Child care (G)= Add difference of Year #1+ #2+ #3 \$						

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Custodial Party _____ Noncustodial Parent _____

Custodial Party - Payment Summary

All Years	Amount Owed
Amount owed Current Support	(C) \$
Amount owed on Arrearage Support	+(D) \$
Amount owed on Alimony Support	+(E) \$
Amount owed on Medical Support	+(F) \$
Amount owed on Child Care Support	+(G) \$
Total Amount of Support Owed (C + D + E + F + G)	\$

If you o cng direct payments after the date you signed and submitted this affidavit, please contact the DSS office to report payment(s) so all accounts can be updated properly.

Please keep a copy of the affidavit for your own records. If we do have questions and need to contact you, it is easier to discuss issues with you if we are each looking at a copy of the affidavit.

I, the undersigned noncustodial parent, do hereby swear and affirm that to the best of my knowledge and belief this record is an accurate and true account of payments that I have made to the above-mentioned custodial party as of _____.

I understand that if the custodial party challenges my accounting, I will provide proof of the payments to the satisfaction of the Office of Child Support Services investigator. I understand a copy of this document will be provided to the custodial parent.

Noncustodial parent's signature

Subscribed and sworn to before me, _____ on _____
(Printed Name) (Date)

(Signature)

- OCSS Investigator
- Notary Public (My commission expires: _____)