

AFFIDAVIT OF DIRECT CHILD SUPPORT PAYMENT

Date: _____

Custodial Parent (Obligee): _____

Non-Custodial Parent (Obligor): _____

Case No.: _____

POSSE: _____

I hereby acknowledge that I have received child support directly from the above-named non-custodial parent in the total amount of \$ _____ for the period of: _____, 20__.

Signature

Mailing Address

City, State and ZIP

Phone

State of Wyoming)
)ss.
County of Uinta)

Subscribed and sworn to before me by _____ this
_____ day of _____, 20__.

Notary Public / Clerk of Court / Deputy Clerk

My Commission expires: _____

Return completed form to: *Clerk of District Court, PO Box 1906, Evanston, WY 82931-1906*