



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

Child Support Verification Form Energy Services

I, _____, declare the following child support information:

For _____
(Name of Child/Children)

The other parent's information: _____
(Full name)
_____ & (_____) _____
(Address, City, State) (Phone Number)

1. _____ I have not received any child support.

I receive no child support because:

_____ Absent Parent's address is unknown.

_____ Absent Parent is incarcerated.

_____ Absent Parent is deceased. Receiving survivor's benefits ___ Yes ___ No

_____ Other, please explain in Comments section below.

2. _____ I receive child support in the State of _____ in the amount of \$ _____ per _____.*

**If pay is private, not through state of NH, documentation is required (letter from non-custodial parent, receipts, etc.)*

3. _____ I pay out child support in the amount of \$ _____ per _____.

**Documentation is required (payroll deduction, letter from custodial parent, or bank statement).*

Comments: _____

I attest under the penalty of perjury that the above information is true and accurate.

Signature: _____

FOR OFFICE USE ONLY

NH Child Support Hotline Verification: 1-800-371-8844

(Press 1 for English, Press 1 for Payee / Press 2 for Payer, Enter SSN & #, Press 3 for last 5 payments)

Client's Social Security Number: _____ Pin # (VT, MA, etc.) _____

<u>Date of Payment:</u>	<u>Amount:</u>	<u>Received/Paid By:</u>
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Verified By: _____ Verified On: _____