

_____ Management Co. Phone: _____ Fax: _____
Address: _____ Email: _____

VERIFICATION OF CHILD SUPPORT OR ALIMONY

TO: _____ RE: _____

SSN: _____

DATE: _____

Name of child(ren): _____

Please return to _____ Management at the address, fax or email above. Thank you for your prompt response. All information is confidential. Please contact _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

Please complete the following. If a section does not apply, please mark "N/A" or \$0.00

Is child support or alimony ordered to the above listed payee? ___ Yes ___ No

Child Support: \$ _____ per _____ (month, week, etc)

Alimony: \$ _____ per _____ (month, week, etc)

Back payments in the amount of \$ _____ per _____ is ordered. Termination Date: _____

If there is an order for child support or alimony and \$0 has been paid in the last six months, have there been attempts to collect by Payee in the last six months? ___ Yes ___ No

I hereby certify that the above information I have provided is true and accurate to the best of my knowledge.

Signature of person who completed form Printed Name and Title Date

Phone Fax Email

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

- 1st Request _____
- 2nd Request _____
- 3rd Request _____