



**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET, PROVIDENCE, RI 02903
(401)-458-4400 • www.cse.ri.gov**

AFFIDAVIT OF DIRECT PAYMENTS

FC DOCKET No.:

I, _____, DO HEREBY DEPOSE AND STATE
UNDER OATH, THAT I RECEIVED THE SUM OF \$ _____ DIRECTLY
FROM _____, AND RETAINED THE MONEY.

ACCORDINGLY, THE PLAINTIFF / DEFENDANT’S ACCOUNT SHOULD BE CREDITED BY THIS AMOUNT.

SIGNED

DATED

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, IN THE
YEAR 20 _____, IN THE CITY/TOWN OF _____ IN THE STATE OF
_____.

SIGNATURE NOTARY PUBLIC

NOTARY PUBLIC COMMISSION EXPIRES