



**Department of Human Services
Office of Child Support Services
77 Dorrance Street
Providence RI. 02903
www.ccse.ri.gov**

FC Docket #

AFFIDAVIT OF ARREARS BALANCE

I, _____, do hereby depose and state under oath, that I am giving the obligor

_____, case # _____.

a non cash credit in the amount of \$_____ for Child Support and /or a non cash credit in the amount of \$_____ for CP Medical as of

____/____/____(mm/dd/yy) the obligor's account should be credited by the above stated amount.

Date

signed

Subscribed and sworn to before me on this ____ day of _____,

In the year _____, in the City/Town of _____, in the State of _____.

My commission expires: _____