

State of Rhode Island
Department of Human Services Office
of Child Support Services
77 Dorrance Street
Providence RI. 02903
(401)458-4400 • OCSS.RI.GOV



FC Docket #: _____

AFFIDAVIT OF RELEASE OF LOTTERY/GAMBLING WINNINGS

I, _____, do hereby depose and state under oath, that I am willing to relinquish any and all proceeds that I would otherwise be entitled to from my lottery/gambling winnings withheld.

My current address is:

My Social Security # is: _____

_____ date

_____ signed

RHODE ISLAND NOTARY ACKNOWLEDGMENT

Subscribed and sworn to before me on this ____ day of _____, 20 ____, in the City/Town of _____, in the State of _____ (name of document signer), personally known to the notary or proved to the notary through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to the notary that (he) (she) signed it voluntarily for its stated purpose.

Official Signature of Notary

My commission expires: _____