



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

FC Docket #

AFFIDAVIT OF RELEASE

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 _____ withheld.

My current address is: _____

And my social Security # is: _____

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: _____