

Affidavit of Unpaid Support/Affidavit of Direct Payments

File with Clerk of Court - 110 NW 1st Avenue Ocala, Florida 34475

Petitioner		42- _____ -DR- _____
Respondent		Page ___ of ___

Date	Amount Assessed	Amount Paid	Balance Due	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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16.				
17.				
18.				
19.				
20.				

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true

Date: _____

Signature: _____