

# SUMMARY AFFIDAVIT OF DIRECT PAY CHILD SUPPORT

Date: \_\_\_\_\_

CASH

Non-Custodial Party (NCP): \_\_\_\_\_

MONEY ORDER

Custodial Party: \_\_\_\_\_

PERSONAL CHECK

MTS #: \_\_\_\_\_

CHASHIERS CHECK

I state the following to be records of all direct payments I have  received from  paid to the other party in my case. These payments were made directly to the custodial party from the date of the child support order and were not through the State of Oklahoma or the Cherokee Nation Office of Child Support Services or the Tribal Payment Center.

YEAR: 20		YEAR: 20		YEAR: 20		YEAR: 20		YEAR: 20	
JAN	\$	JAN	\$	JAN	\$	JAN	\$	JAN	\$
FEB	\$	FEB	\$	FEB	\$	FEB	\$	FEB	\$
MAR	\$	MAR	\$	MAR	\$	MAR	\$	MAR	\$
APR	\$	APR	\$	APR	\$	APR	\$	APR	\$
MAY	\$	MAY	\$	MAY	\$	MAY	\$	MAY	\$
JUN	\$	JUN	\$	JUN	\$	JUN	\$	JUN	\$
JUL	\$	JUL	\$	JUL	\$	JUL	\$	JUL	\$
AUG	\$	AUG	\$	AUG	\$	AUG	\$	AUG	\$
SEP	\$	SEP	\$	SEP	\$	SEP	\$	SEP	\$
OCT	\$	OCT	\$	OCT	\$	OCT	\$	OCT	\$
NOV	\$	NOV	\$	NOV	\$	NOV	\$	NOV	\$
DEC	\$	DEC	\$	DEC	\$	DEC	\$	DEC	\$
<b>TOTAL</b>									

\_\_\_\_\_  
Signature

CP

\_\_\_\_\_  
Date

NCP

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Public Notary: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_