

DIRECT PAYMENT CREDIT

Docket Number: _____ Judge: _____

PAYER'S NAME: _____ SSN: XXX - XX - _____

I, the undersigned _____, do hereby authorize the Friend
(PAYEE'S NAME)
of the Court to credit the above captioned account in the amount of \$ _____ which

I received as a direct payment from _____ for the support owed
(PAYER'S NAME)
for the period of _____ through _____.

I AM NOT CURRENTLY RECEIVING PUBLIC ASSISTANCE: _____
(PAYEE'S INITIALS)

IF PREVIOUSLY GRANTED, CREDIT WILL NOT BE GIVEN OR REVOKED. IF PAYMENTS WERE TENDERED DURING ANY TIME THE PAYEE WAS RECEIVING PUBLIC ASSISTANCE, CREDIT WILL NOT BE GIVEN UNLESS SAID PAYMENTS HAD BEEN PROPERLY REPORTED TO DHS. THE AMOUNT OF CREDIT CANNOT EXCEED THE AMOUNT OF ARREARAGE. **IF AMOUNT OF CREDIT IS OVER \$2,000.00, THE PAYEE MUST SCHEDULE AN APPOINTMENT WITH THEIR CASEWORKER OR FILE A PETITION WITH THE COURT.**

Dated: _____

PAYEE'S SIGNATURE

**THIS FORM MUST BE NOTARIZED
IF NOT SIGNED AT THE FRIEND
OF THE COURT OFFICE**

Address

City State Zip Code

Telephone Number

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

_____, Notary Public

County, _____

My Commission Expires: _____

I, THE ABOVE CAPTIONED CASE PAYER, HAVE BEEN NOTIFIED THAT ALL FUTURE PAYMENTS MUST BE MADE THROUGH THE OFFICE OF THE FRIEND OF THE COURT AND NO ADDITIONAL DIRECT PAYMENT CREDITS WILL BE GIVEN.

PAYER'S SIGNATURE Date: _____

FOR OFFICE USE ONLY

APPROVAL: (Please make sure that payee is not receiving assistance.)

Judge's Signature Caseworker Supervisor Processed By