

## Affidavit of Unpaid Support/Affidavit of Direct Payments

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

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

Date	Amount Assessed	Amount Paid	Balance Due	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
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: \_\_\_\_\_