



Commonwealth of the Northern Mariana Islands
Office of the Attorney General

2nd Floor Hon. Juan A. Sablan Memorial Bldg.
Caller Box 10007, Capitol Hill
Saipan, MP 96950

EDWARD MANIBUSAN
Attorney General

LILLIAN A. TENORIO
Deputy Attorney General

DECLARATION OF DIRECT PAYMENTS

I, \_\_\_\_\_, declare the following:

- 1. I am the plaintiff/custodial parent in \_\_\_\_\_;
2. I have received child support payments directly from the non-custodial parent, \_\_\_\_\_ for the periods and amounts as follows;

Table with 5 columns: DATE, AMOUNT, (blank), DATE, AMOUNT. Includes a SUBTOTAL row at the bottom.

TOTAL Direct Payments \$ \_\_\_\_\_ received as of \_\_\_\_\_;

- 3. I make this declaration in good faith and in support of my child support case;
4. I declare under penalty of perjury that the foregoing statement is true and correct to the best of my knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

\_\_\_\_\_