



Community Coordinated Care for Children, Inc

3500 West Colonial Drive, Orlando, FL 32808

www.4Cflorida.org

DECLARATION OF VOLUNTARY CHILD SUPPORT

Client Name: _____ SSN: ____-____-____

You may complete more than one section, if needed:

Section 1. This section should be completed by the Non-Custodial parent/payer:

Name: _____ **SSN:** ____-____-____

Name(s) of children for whom voluntary child support is paid:

I voluntarily pay child support in the amount of \$_____ every:

week bi-weekly month other (specify frequency: _____)

for the children stated above.

Signature of Parent

Date

Phone Number

Section 2. If the non-custodial parent is NOT AVAILABLE, this section must be completed by the client/recipient:

Name(s) of children for whom voluntary child support is received:

Name of Non-Custodial Parent: _____

Amount received: _____ Frequency:

week bi-weekly month other: _____

I am unable to bring a statement from him/her because:

Non-custodial parent refuses to sign statement.

I am not in contact with non-custodial parent.

Other: _____

Signature of Parent

Date

Phone Number