INDEPENDENT CHILD SUPPORT PAID VERIFICATION GROUP (V3) FORM 2015-16

(Student's Last Name)  (Student's First Name)  (Student's J-Number)

A. Instructions

Clearly print and complete all information. Do not leave any items blank; enter “N/A” if not applicable. If more space is needed for any of the sections below, provide a separate sheet that includes the information, the student’s name and J-Number at the top of each sheet.

B. Child Support Paid

Did the student or a member of the student’s household pay child support due to a “Court Mandated” requirement in 2014? If so, complete the table below. If No, write “N/A” in the table and continue to Section C.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Age of Child</th>
<th>Annual Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>$</td>
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<td>$</td>
</tr>
</tbody>
</table>

Total Amount of Child Support Paid $ 

C. Certification

Each person signing this worksheet certifies that all of the information reported on it is correct and complete. **WARNING:** If an individual purposely give false or misleading information on this worksheet, he/she may be fined, be Sentenced to jail, or both.

__________________________________________  ____________________________________________
(Student’s Contact Phone Number)  (Student’s E-Mail Address)

__________________________________________
(Student’s Street Address (Include Apt. Number))

__________________________________________  ____________________________________________
(City)  (State)  (Zip Code)

__________________________________________  ____________________________________________
(Student’s Date of Birth)  (Student’s Social Security Number)

__________________________________________  ____________________________
(Student’s Signature)  (Date)