

Middle Kentucky



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Jackson, KY 41339
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Darrell R. Shouse
Executive Director

Verification of Information: Child Support

Client Name: _____
Last First

Mailing Address: _____

Phone Number: _____

A _____ B _____ C _____
Child's Name Child's Name Child's Name
D _____ E _____ F _____
Child's Name Child's Name Child's Name

**WARNING: ANY PERSON WHO AIDS ANOTHER PERSON IN OBTAINING ANY TYPE OF ASSISTANCE
FRAUDULENTLY IS SUBJECT TO PENALTIES BY THE STATE AND FEDERAL LAWS. THIS COULD INCLUDE PENTALTIES
AND OR FINES.**

I, _____ hereby certify that I pay/receive \$ _____ per () Week, () Month for child support
To/From _____ for the child or children _____.

Signature: _____ Date: _____
(Required) (Required)

Mailing Address: _____

Phone: _____

Staff Signature/Notes _____ Date _____