

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	SUPPLEMENTAL AFFIDAVIT RE: DIRECT PAYMENT CHILD SUPPORT	CASE NUMBER FC-D No. _____
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<p style="text-align: center;">_____ Plaintiff, v. _____ Defendant.</p>	<p>This document is prepared by: <input type="checkbox"/> Attorney for <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant</p> <hr/> <p>Name _____</p> <hr/> <p>Address _____</p> <hr/> <p>City, State, Zip Code _____</p> <hr/> <p>Telephone Number _____</p>
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1. My spouse and I have agreed that I shall pay child support directly to my spouse and not through the Child Support Enforcement Agency (CSEA).
 2. Such an arrangement is in the best interest of our child(ren) because: _____

 3. I affirm that all prior child support, ordered by the court or administratively, has been paid in a timely fashion. I have not been previously ordered to pay child support
 4. Our child(ren) do/does not receive public assistance, welfare, foster care, Social Security, or other governmental assistance.
 5. There are no outstanding debts owed to the Department of Human Services or other public assistance agencies by myself or my spouse.
 6. I understand that at any time after the entry of our Divorce Decree, either party may void the direct payment arrangement and apply for services from the CSEA to receive payment through the agency.
 7. I further understand if our child(ren) receive(s) public assistance from the Department of Human Services, foster care payments, or Social Security, or if either parent applies to the CSEA for services, CSEA may immediately void the direct payment arrangement by sending written notice by regular mail to both parents at their last known addresses as set forth in our Divorce Decree or subsequent child support order.
 8. Based upon the facts set forth herein, I ask this Court to approve direct payments of child support rather than requiring that child support payments be made through the CSEA.
- I declare that I understand that my signature under oath before a notary public is my solemn statement that I have read this affidavit and I know and understand the contents and that the statements are true, correct, and complete to the best of my knowledge.**

Date	Signature (Sign with Notary Public present)	
	Print Name: _____	
Document Title: <u>Supplemental Affidavit Re Direct Payment Child Support</u> Document Date: _____ No. of Pages: <u>1</u> was subscribed and sworn to before me in the First Circuit, State of Hawaii by: _____ Notary Public's Signature: _____ Date of Notary Public's Signature: _____ Print Notary Public's Name: _____ My commission expires: _____ (Place Notary Seal Here)		COURT USE ONLY

In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.