CHILD CARE VERIFICATION

CSE Case Num:

Applicant Name:
I am the ___ Custodial Party ___ Noncustodial Parent

APPLICANT: Give this form to your childcare provider to complete before you return it to the local child support agency. Attach any receipts or copies of cancelled checks for child care.

CHILD CARE PROVIDER: Please complete the appropriate section(s) for the children of the above named applicant whom you provide child care. Then sign and date at the end of this form.

SECTION I: INFANT & PRE-SCHOOL CHILD(REN)

Name of Provider/Day Care Center

Address

City ____________________________ State ____________ Zip _____________ Phone (____)_______________

Name of a person(s) that pays you for childcare

Name of the child(ren) of this parent for whom you provide care and the amount paid:  

Child ____________________________ Amount $ _______________ per day/week/month

Child ____________________________ Amount $ _______________ per day/week/month

Child ____________________________ Amount $ _______________ per day/week/month

Total: $ _______________ per day/week/month

SECTION II: SCHOOL-AGE CHILD(REN)

A. Child care provided during regular school sessions:

Name of Provider/Day Care Center

Address

City ____________________________ State ____________ Zip _____________ Phone (____)_______________

Name of a person(s) that pays you for childcare

Name of the child(ren) of this parent for whom you provide care and the amount paid:  

Child ____________________________ Amount $ _______________ per day/week/month

Child ____________________________ Amount $ _______________ per day/week/month

Child ____________________________ Amount $ _______________ per day/week/month

Total: $ _______________ per day/week/month
B. Summer/vacation care for school-age child(ren). Include amounts in the information specified below.

Name of Provider/Day Care Center __________________________________________________________

Address ______________________________________________________________________________

City __________________________ State ______ Zip ______ Phone ( ___ ) __________

Name of a person(s) who pays you for childcare ____________________________________________

Name of the child(ren) of this parent for whom you provide care and the amount paid: (Circle One)

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<th>Child</th>
<th>Amount $</th>
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Total: $ ___________ per day/week/month

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

__________________________________________________________________________

SIGNATURE ___________________________ DATE ____________________________