Child Support Receipt

Payment Number: _____
Date Paid: _____

Support Provider: _____
Support Recipient: _____

Provider Request(s): _____
_____
Recipient Request(s): _____

Payment Total: _____ Date Due: _____
Amount Paid: _____ Amount Still Due: _____
Payment Period: _____ To: _____

Payment Type: ☐ Cash ☐ Check ☐ Money Order Check/Card No.: _____

Paid: ☐ Through the Court ☐ Between Parties ☐ Mediator: _____

Signature: _____ Signature: _____

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