PAYEE AFFIDAVIT FOR NON-MONETARY RECEIPT

STATE OF NEBRASKA COUNTY OF SCOTTS BLUFF COMES, now _______(your name), and I hereby notify the court and the Nebraska Department of Health and Human Services Child Support Enforcement Unit that in case number CI : Please Check and Complete Section A for Direct Payments and/or Section B to Waive or Credit Payments. I wish to acknowledge direct payments (money received by you): Α. Type of Support (one per line): Date of Payment Judgment No. Amount Child, Spousal, Medical (clerks use) (mo/day/yr) of Payment 1. _____ ____ Any payments that you receive which are in excess of the amount owed to you may be considered a gift and may not be credited to the support due. (Excess payments are allocated at the discretion of the court) I wish to waive/credit the following amounts (no actual cash received): В. Amt of Credit ✓ to waive Type of Support (one per line): Judgment No. Date of Credit

 Child, Spousal, Medical
 (clerks use)
 (mo/day/yr)
 or "All"
 All Interest

 1.
 \$
 \$
 \$

 2.
 \$
 \$

 3.
 \$
 \$

If a portion of the support funds you are waiving or crediting (forgiving) are due to the State of Nebraska as a result of you or the dependents in the above court case receiving ADC/foster care funds, please be advised that you may not waive or credit (forgi ve)any of these funds due to the State. Only the State of Nebraska has the authority to waive or credit (forgive) support funds due to the State.

The Clerk of the District Court and the Nebraska Department of Health and Human Services Child Support Enforcement Unit accept no responsibility for the contents of this receipt. If you have any questions about signing this form please contact your attorney. If you have any questions regarding debt owed to the State of Nebraska, please call Child Support Customer Service at 1-877-631-9973.

Print your name and address: Print non-custodial party (person ordered to pay support) name and address:	
SUBSCRIBED AND SWORN to before r	me this, 20
Seal	
	Notary Public/Clerk of Court
* * * FOR OFFICE USE ONLY	Y - DO NOT FILL OUT BELOW THIS LINE ***
Payor Name:	Payor SSN: XXX – XX-
FIPS Number: 31157	Court Case Number: CI
For Direct Payments under Section A:	Application of Credit w credit for direct payments that will apply to future w a payee to waive or forgive support
Special instructions: I direct that the above credit be applied to	to the case payment record.
Dated this day of	, 20
	District Judge/Clerk/or Designee
CSE Finance use only:	Target Man Dist
CSE Finance Acknowledgement Transaction Completed	CC ID
Processor's initials	Bucket
Date	Reviewed by Date
Credit not given reason:	FAX To CSE Finance: (402) 471-7385