

IN THE TRIBAL ADMINISTRATIVE COURT OF THE CONFEDERATED TRIBES
OF THE COLVILLE INDIAN RESERVATION

No.

AFFIDAVIT TO GIVE CREDIT
FOR SUPPORT OR TO
FORGIVE
SUPPORT DEBT

STATE OF WASHINGTON)
) ss.
County of Okanogan)

_____, being first duly sworn, deposes and says;

I. That the purpose of this affidavit is to:

___ Give the paying parent credit for payments made directly to me.

___ Forgive a portion or all of the child support debt owed to me by the paying parent.

___ To correct a _____ previously filed on _____.
(Name of document) (date)

II. The Support Order in this matter is as follows:

- State in which the order was issued:**
- Court or Agency Issuing the Support Order:**
- Order number:**
- Date order Entered:**
- Person Ordered to pay Support:**

III. Type of Support covered in this affidavit is (select one type of support per affidavit):

___ Child Support

AFFIDAVIT TO GIVE CREDIT FOR
SUPPORT OR TO FORGIVE SUPPORT - 1

Colville Tribal Child Support Program
PO BOX 468/ 21 Lakes St
Nespelem, WA 99155
Toll Free: (877) 515-2544
Fax: (509) 634-2031

____ Medical Support for Children

____ Spousal Support

____ Child Care

1. TOTAL AMOUNT PAID DIRECTLY TO ME \$ _____
(Not paid through Child Support) (Total of paid/credit columns)

OR

2. TOTAL AMOUNT OF DEBT TO FORGIVE \$ _____
(Total amount to forgive)

3. TOTAL AMOUNT OWED TO ME AFTER \$ -0-
CREDIT IS GIVEN (balance owed to me after credit)

I hereby authorize the **Colville Tribes Child Support Program** and the **Colville Tribal Court** to adjust the official record of support payments to reflect credit as described above once this affidavit is processed.

I hereby certify and attest that none of the support being credited by me is debt owed to any other state, including the State of _____ for public assistance.

I hereby certify and attest that I cannot forgive or give credit for any future amount of support that is owed to me, by the paying parent.

This information listed in this affidavit is true and correct, to the best of my knowledge. No facts or information has been withheld.

Dated this _____ day of _____, 201_____.

AFFIANT SIGNATURE

AFFIDAVIT TO GIVE CREDIT FOR
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I, _____, a notary public, do hereby certify that on ____ day of _____, _____, personally appeared _____, who, being by me first duly sworn, declared that he/she signed the foregoing document, and that statements therein contained are true, to the best of his/her knowledge and belief.

Notary Public for Washington
My Commission Expires:

CERTIFICATE OF DELIVERY/MAILING

I certify that on this _____ day of _____, 201_____, a true and correct copy of the foregoing was sent by US Mail, postage prepaid, to the following:

[] name (NCP)
Address
City state zip

[] name (CP)
Address
City state zip

Case Manager