



940 Madison Ave. Suite 203
Baltimore, Maryland, 21201
410.777.8710

Child Support Verification Form

I, _____, verify that as of _____ (date), that I:

____ do receive child support in the amount of \$ _____.

____ do not receive child support for any child that I currently claim as a dependent.

____ do pay child support in the amount of \$ _____.

____ do not pay child support for any child.

Applicant: _____
(Please Print or Type)

Soc. Sec. #: _____ - _____ - _____

Other Names used (i.e., Maiden)

Date of Birth (Month/Day/Year)

Current Address: _____
Number, Street, (Apt. #) City, State, Zip Code

Signature of Applicant or Recipient

Social Security Number

County of _____ State of _____

**Subscribed and sworn to me before _____ day of _____, 20____ by
the affiant, who personally appeared before me.**

My commission expires _____

Notary Public

info@parkertxservices.com
www.parkertherapeutic.com

Office Hours
Monday - Friday
9:00am - 6:00pm