PAYEE AFFIDAVIT FOR NON-MONETARY RECEIPT

STATE OF NEBRASKA

COUNTY OF _____

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.

☐ **A. I wish to acknowledge direct payments (money received by you):**

Type of Support (one per line): Child, Spousal, Medical	Judgment No. (clerks use)	Date of Payment **(mo/day/yr)**	Amount of Payment
1. _____	_____	_____	$_____
2. _____	_____	_____	$_____
3. _____	_____	_____	$_____

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 arc allocated at the discretion of the court)

☐ **B. I wish to waive/credit the following amounts (no actual cash received):**

Type of Support (one per line): Child, Spousal, Medical	Judgment No. (clerks use)	Date of Credit **(mo/day/yr)**	Amount of Credit Or "ALL"	X to waive 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 (forgive)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 l-877-631-9973.**

Print your name and address:

_____

Print non-custodial party (person ordered to pay support) name and address:

_____

I acknowledge and affirm that this is my voluntary act made without coercion, fraud or threat.

Date:_____ Signed: _____

SUBSCRIBED AND SWORN to before me this_____day of_____, 20___.

Seal

_____
Notary Public/Clerk of Court

*** * * FOR OFFICE USE ONLY - DO NOT FILL OUT BELOW THIS LINE * * ***

Payor Name:_____ Payor SSN: XXX - XX-_____

FIPS Number:_____ Court Case Number: CI _____

Application of Credit

For Direct Payments under Section A:
It is the usual policy of this court to allow credit for direct payments that will apply to future obligations owed to the payee._____
For Waiver/Credit under Section B:
It is the usual policy of this court to allow a payee to waive or forgive support obligations that have not accrued._____
Special instructions:_____

I direct that the above credit be applied to the case payment record.

Dated this _____day of_____, 20___.

_____
District Court, Clerk

CSE Finance use only:

Target_____Man Dist _____

CSE Finance Acknowledgement ____
Transaction Completed

CC ID _____
Bucket _____

Processor's initials _____
Date _____

Reviewed by _____
Date _____

Credit not given reason:

Email To CSE Finance: dhhs.NonMonCSE@nebraska.gov

RETURN OR1GINAL TO: CLERK OF THE DISTRICT COURT, MAKE COPY FOR YOUR FILE.