



Date: _____

RE: Child Support

I, _____ currently RECEIVE/DO NOT RECEIVE _____
Name Amount
monthly in **support** from my child's FATHER/MOTHER _____. I will report any
Other Parent's Name
changes to the Early Learning Coalition within the 14 day reporting requirement.

Sincerely,

Signature: _____

Address: _____

Phone Number: _____

This form is being signed under the penalty of perjury, which is a first-degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year, or a fine not exceeding \$1,000 pursuant to ss. 837.012, 775.082 or 775.083, F.S.