OFFICIAL CHILD SUPPORT VERIFICATION

Date: [Insert Date]

Case Number: [Insert Case Number]

Recipient Name: [Insert Custodial Parent Name]

Payer Name: [Insert Non-Custodial Parent Name]

To Whom It May Concern,

This letter serves as official verification of child support payments for the case referenced above, as maintained by the [Insert Name of Government Agency/Department].

Our records indicate the following information regarding child support for the period of [Insert Start Date] to [Insert End Date]:

- **Current Monthly Obligation:** $[Insert Amount]
- **Frequency of Payment:** [e.g., Weekly/Monthly/Bi-weekly]
- **Total Amount Paid Year-to-Date:** $[Insert Amount]
- **Arrearage Balance (if any):** $[Insert Amount]
- **Status of Case:** [e.g., Active/Closed/Pending]

The payments are currently being distributed via [Insert Method, e.g., Direct Deposit/Check/Debit Card].

If you require further information or have any questions regarding this verification, please contact our office at [Insert Phone Number] during regular business hours.

Sincerely,

[Signature of Authorized Official]

[Printed Name of Official]
[Title]
[Name of Government Agency]
[Department Address]
[City, State, Zip Code]