

EXTENUATING CIRCUMSTANCE CHILD SUPPORT ATTESTATION FORM



1600 South College Street, Mountain Home, AR 72653 • Phone: 870-508-6100 • Fax 870-508-6286

Student's Last Name	Student's First Name	Middle Initial	Social Security Number:
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For all members of the household listed on the 2021-2022 Verification Form, list the amount of any **PAID** court mandated child support that coming to or from a member of the household in either 2020 or, if applicable, projected for 2021. Be sure to use the same names in the household as you supplied on the 2021-2022 Verification Form.

Indicate year you are providing.

☐ 2020

☐ 2021

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2019
<i>John Smith (example)</i>	<i>Jane Smith (example)</i>	<i>June Smith</i>	<i>\$6000.00</i>
			\$
			\$
			\$
			\$
			\$
			\$

Check the box below if no child support came to or from a member of the household for the indicated year.

☐ No Child Support was paid

Note: Parent signature is required when the student is considered dependent.

By signing this Verification Statement, I (we) certify that all information reported is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X

Student Signature

Date

X

Parent Signature

Date