## Instructions for the "Declaration of Custodian of Minor Child to Change Child Support Payee" (SAMPLE FORM SIDE 2)

Purpose of this form: The Affidavit of Custodian of Minor Child to Change Child Support Payee is a form required by a person who obtains lawful physical custody of a child, and who was not a party to the original court case in which a child support order was issued, that wishes to enforce or modify the order.

## To complete this form:

- 1. Place your state in this field.
- 2. Place your county of residence in this field.
- 3. Print your name in this field.
- 4. Place the date you obtained physical custody of the minor child(ren) in this field.
- 5. Place the name(s) of the minor child(ren) in this field.
- 6. Place your state in this field.
- 7. Place your county of residence in this field.
- 8. Place your signature in this field.
- 9. Place the date the form is signed in this field.
- 10. Place the name of the person ordered to pay child support in this field.
- 11. Check this box if Nevada's Child Support Enforcement Program has **not** been responsible for enforcing the court order.
- 11a. Place your address in this field if Nevada's Child Support Enforcement Program has **not** been responsible for enforcing the court order.
- 12. Check this box if Nevada's Child Support Enforcement Program has been responsible for enforcing the court order.

If Nevada's Child Support Enforcement Program has not been responsible for enforcing the court order, you must mail a copy of this form to DWSS at the address below and the obligor and/or the attorney of record. You must file this form with the court that entered the order.

If Nevada's Child Support Enforcement Program has been responsible for enforcing the court order, you must mail this form to:

Division of Welfare and Supportive Services (DWSS) Child Support Enforcement Program 1470 College Parkway Carson City, NV 89706-7924

## DECLARATION OF CUSTODIAN OF MINOR CHILD TO CHANGE CHILD SUPPORT PAYEE

| STATE OF:  |  | (1)           | }            |  |
|--|--|---------------|--------------|--|
| COU  | NTY OF:  | (2)           | }            |  |
|  | I,   |               | (3)          | , under penalty of perjury hereby declare:                                     |
| 1.   | I understand this affidavit is subject to the laws of the State of Nevada for the purposes and   |               |              |  |
|  | and statements contained herein and that the statements contained herein, except where           |               |              |  |
|  | otherwise indicated to be upon information and belief, are based on my personal knowledge,       |               |              |  |
|  | are true, accurate and correct, are made under penalty of perjury, and if I am called to testify |               |              |  |
|  | regarding th   | e matters he  | rein, I woul | testify consistently therewith   |
| 2.   | On   | (4)           |              | I obtained lawful physical custody of  |
|  |  |               |              | , a minor child(ren), and  |
|  | currently re   | side with afo | orementione  | child(ren).  |
| 3.   | I declare under penalty of perjury under the laws of the State of(6)                             |               |              |  |
|  | and County   | of            | (7           | that the foregoing is true and correct.  |
|  |  |               |              |  |
| _  |  | (8            | <u>'</u>     | (9)  |
| (Signature)  |  |               | ture)        | (Date)   |
|  |  |               |              | NOTICE   |
| Pursuant to NRS 125B.040(6), notice is hereby given to(10)                                     |  |               |              |  |
| the pa   | arty ordered to  | provide chil  | d support fo | the above-mentioned child(ren), that future child support                      |
| paym   | ents must:   |               |              |  |
| 5  |  |               |              |  |
| (11) Be made payable to the above lawful physical custodian and sent to the following address: |  |               |              |  |
|  |  |               |              | (11a)  |
|  |  |               |              |  |
| (12) [   | ☐ Continue to  | he made thr   | rough the St | te Collection and Disbursement Unit (SCADU),                                   |
| (12)   | PO Box 989   |               | •            |  |
|  | 102011707  |               | ,451,770,71  |  |
|  |  |               |              | nains in effect as long as the above named custodian retains orders otherwise. |