Government of the Virgin Islands of the United States

DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

Subsidy, Resource & Referral Program

PATERNITY AND CHILD SUPPORT VERIFICATION FORM

Kindly assist this client by providing the following information.

Thank you.

This is to verify that _____ SS# _____

Has established a case at Paternity and child support against _____

on behalf of the following child(ren).

_____

_____

_____

- Support has been established in the amount of $_____ per week/per month
- Date of last payment _____.
- Total child support paid in the last 12 months $_____.
- This client has established a case; however, has not received any monies to date.

Completed by: _____ _____

Knud Hansen Complex Bldg. A • 1303 Hospital Ground • St. Thomas, Virgin Islands 00802 • (340) 774-0930
3129 Golden Rock • Christiansted, St. Croix, Virgin Islands 00820 • (340) 772-7147