STATE OF HAWAI'I FAMILY COURT	SUPPLEMENTAL AFFIDAVIT		CASE NUMBER
FIRST CIRCUIT			FC-CU No.
		Prepared by:	
	PLAINT	IFF. Name	
	,		
VS.		Address	
DEFENDANT. Phone			
 My partner and I have agreed that I shall pay child support directly to my partner and <u>not</u> through the Child Support Enforcement Agency (CSEA). 			
2. Such an arrangement is in the best interest of our child(ren) because:			
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3. I affirm that all prior child support, ordered by the court or administratively, has been paid in a timely fashion. I have not been previously ordered to pay child support			
 Our child(ren) do/does not receive public assistance, welfare, foster care, Social Security or other governmental assistance. 			
There are no outstanding debts owed to the Department of Human Services or other public assistance agencies by myself or my partner.			
6. I understand that at any time after the entry of our <i>Civil Union Divorce Decree</i> , either party may void the direct payment arrangement and apply for services from the Child Support Enforcement Agency (CSEA) to receive payment through the agency.			
7. I further understand if our child(ren) receive(s) public assistance from the Department of Human Services, foster care payments or Social Security or if either parent applies to the CSEA for services, CSEA may immediately void the direct payment arrangement by sending written notice by regular mail to both parents at their last known addresses as set forth in our <i>Civil Union Divorce Decree</i> or subsequent child support order.			
Based upon the facts set forth herein, I ask this Court to approve direct payments of child support rather than requiring that child support payments be made through the CSEA.			
I declare that I understand that my signature under oath before a notary public is my solemn statement that I have read this affidavit and I know and understand the contents and that the statements are true, correct, and complete to the best of my knowledge.			
SIGNATURE			DATE
Document Title: Supplemental Affidavit R	e Direct Child Support		awaiʻi
Document Date:		L.S. (Seal)	
was subscribed and sworn to before n			
State of Hawaiʻi by: Notary Public's Signature:			
Print Notary Public's Name:			
My commission expires:			(COURT USE ONLY)
In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable			
accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO.954-8200, FAX 954-8212, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.			

Please call Ho'okele, the Self-Help Desk, at 954-8290 if you have any questions about how to fill out this form