



This form is for an applicant, recipient or household member to notify the Department of Financial Assistance about a Child Support/Maintenance Agreement.

Name of Receiving Parent or Legal Guardian:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	
Phone Number(s)	<input type="text"/>	
Email Address	<input type="text"/>	

Relationship to Child(ren):

Name of Paying Parent or Legal Guardian:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	
Phone Number(s)	<input type="text"/>	
Email Address	<input type="text"/>	

Relationship to Child(ren):

Children's Details:

Name	Date of Birth	Monthly Amount
Total C\$		

Other Expenses (Please specify and amount per month):

I, the undersigned, hereby affirm that the information provided above is accurate and truthful to the best of my knowledge

Signature of Paying Parent

Signature of Receiving Parent

Date

Date

Note: Per section 28 of the Financial Assistance Act - "A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both."

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.