

City of Chicago

Department of Business Affairs and Consumer Protection Child Support Compliance Program · 2350 W. Ogden, First Floor · Chicago, IL 60608 312-746-4200 · <u>BACPPV@CITYOFCHICAGO.ORG</u> · CHICAGO.GOV/BACP

Affidavit of Child Support Compliance version date: 5.25.2021

I, correct	to the best of my knowledge and belief:	
1.	My full legal name is:	
2.	My home address is:	
3.	My home phone number is:; My work phone number is	
4.	My driver's license number is:	
5.	My social security number is:, My date of birth is:	
6.	I have been ordered by a court or administrative body to pay child support: YESNO	
	6a. If I have a child support obligation(s), my case number(s) is:	
	6b. I am in compliance with my child support obligations: YES NO	
7.	I agree to comply in the future with any court or administrative order to pay child support.	
8.	I agree to comply with any present or future order to withhold child support payments from an employee's salary if I, or my company, are named as a payor on an income withholding order.	
9.	I agree to have the information provided in this affidavit audited by the Department of Business Affairs and Consumer Protection for the purposes of assuring that any child support obligation I may have now or in the future is met.	
10.	I understand that I may be prosecuted by the City if any of the above statements are found to be false, either wholly or partially.	
11.	I further understand that in addition to being prosecuted by the City for false or misleading statements made in this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City or other penalty as provided under the Municipal Code of Chicago.	
	penalties as provided by law, including, but not limited to, Chapter 1-21 of the Municipal Code of by of Chicago set forth below, I certify that the above statements are true and correct.	
Signe	d: Dated:	
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Project Name: Requestor's Name:		

Requestor's Dept:	

Phone Number: