

STATE OF NEW YORK
COUNTY OF _____

In the matter of

(name),
 Petitioner,

 against

(name),
 Respondent.

CERTIFICATION OF RECORD OF SUPPORT PAYMENTS

I, _____ (name) _____, being an official of
the _____ County social services district, hereby attest
pursuant to Rule 4518(f) of the Civil Practice Law and Rules to the accuracy
of the content of the attached Child Support Management System (CSMS) record
of support payments, that the attached CSMS record is a record of support
payments maintained pursuant to Title 6-A of Article 3 of the Social
Services Law, and that in attesting to the accuracy of the record I have
received confirmation from the support collection unit's fiscal agent that
the CSMS record reflects the processing of the respondent's payments as of
_____.

(date)

(signature)

(title)