



Statement of Payments Received

Applicant Name _____ **Virginia Child Support Case Number** _____
Other Parent Name _____

The purpose of the Statement of Payments Received (SOP) is to collect information on payments made during time periods when a case is not open with the Virginia Division of Child Support Enforcement (DCSE). A copy of this completed form is sent to other party for verification. This form may be used in court proceedings.

I am the: Applicant (I applied for services) I receive/should receive support I pay/should pay support
 Other Parent I receive/should receive support I pay/should pay support

1. Support Order – The order on this case is a:

- Court order for child support Administrative order for child support
 Court order for child and spousal support I have no current child and/or spousal support order

2. Non-receipt or Non-payment of Support
 If you have never received or paid any child and/or spousal support payments through any source, check the box below, read the certification, sign, date and return to DCSE.

I have never received or paid any child support payments and/or spousal support payments through a child support agency, a court, or a private child support company. I have never received support directly from the parent ordered to pay support. I have never paid support directly to the parent ordered to receive support. **If you checked this box you do not need to complete any other section of this form. Read the Certification below, sign, date and return the form to the Division.**

Certification:

I hereby certify under penalty of perjury, as set forth in Va. Code § 63.2-502, that all information I provided in this document is true and correct to the best of my knowledge and belief.

 Signature Date

3. Receipt/Payment of Support Through a Child Support Agency, Court or Private Child Support Company
 If you have ever received or paid child support and/or spousal support payments through a child support agency or a court, you need to indicate the name(s) of the child support agency and/or court(s) through which you received or made payments. If more than 2 agencies and/or courts, list first the agency or court through which you most recently received or made payments. If you are still receiving or making payments through a court or agency, check the box below.
 If you have ever received or paid child support through a private child support company, please provide the name and address of that company in the space provided below. Check options that apply to you.



Applicant Name _____ Virginia Child Support Case Number _____
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Name and address of child support agency or court _____
 I still receive payments from this agency/court
 I am making payments through this agency/court

Name and address of child support agency or court _____
 I still receive payments from this agency/court
 I am making payments through this agency/court.

Name and address of private child support company _____
 I have a copy of the contract I signed. I have a copy of a payment history from this company
 I still have services or am under contract to this company

4. Receipt/Payment of Direct Payments

If you are the parent receiving support and you have received any direct child support and/or spousal support payments directly from the paying parent or you are the paying parent and you have made child support and/or spousal payments direct to the parent that receives support, you **must** fill out section 5. It is very important that you read the instructions below before you fill out this section. Complete the tables to show the month, year and amount that you received or made direct payments. Once you have completed the tables, read the certification, sign and date. **Failure to complete this form correctly could delay enforcement actions being taken on this case.**

Instructions for Completing the *Statement of Payments Received*:

- Start with the first month and year you were entitled to receive support or pay support.
- End with the last or most recent month and year support was due.
- Complete the yearly payment history to contain only direct payments from the paying parent to the receiving parent.
- For any month support was due and payment was not made, enter \$0.
- The *Statement of Payments Received* must be signed and dated.

Example: You have an order for child support. The paying parent was ordered to pay \$300 per month in **child support only** (no spousal support) starting March 1, 2010. Enter the amount of child support that you actually received (if you are the receiving parent) or the amount that you actually paid (if you are the paying parent) under the correct heading. If no support was received in a month, do not draw a line, through the month. Please enter 0.00. If no support was paid in the year, do not draw a line thru the year. Please enter 0.00 for each month support was not paid.

Correctly Completed

Year	Child Support	Spousal Support
Jan	N/A	
Feb	N/A	
March	300.00	
April	300.00	
May	0.00	
June	0.00	
July	0.00	
Aug	0.00	
Sept	0.00	
Oct	225.00	
Nov	300.00	
Dec	300.00	

Incorrectly Completed

Year	Child Support	Spousal Support
Jan		
Feb		
March	300.00	
April	300.00	
May		
June		
July		
Aug		
Sept		
Oct	225.00	
Nov	300.00	
Dec	300.00	



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5. Statement of Payments Received Payment Table											
Year	Child Support Paid	Spousal Support Paid	Year	Child Support Paid	Spousal Support Paid	Year	Child Support Paid	Spousal Support Paid	Year	Child Support Paid	Spousal Support Paid
Jan			Jan			Jan			Jan		
Feb			Feb			Feb			Feb		
March			March			March			March		
April			April			April			April		
May			May			May			May		
June			June			June			June		
July			July			July			July		
Aug			Aug			Aug			Aug		
Sept			Sept			Sept			Sept		
Oct			Oct			Oct			Oct		
Nov			Nov			Nov			Nov		
Dec			Dec			Dec			Dec		
Year	Child Support Paid	Spousal Support Paid	Year	Child Support Paid	Spousal Support Paid	Year	Child Support Paid	Spousal Support Paid	Year	Child Support Paid	Spousal Support Paid
Jan			Jan			Jan			Jan		
Feb			Feb			Feb			Feb		
March			March			March			March		
April			April			April			April		
May			May			May			May		
June			June			June			June		
July			July			July			July		
Aug			Aug			Aug			Aug		
Sept			Sept			Sept			Sept		
Oct			Oct			Oct			Oct		
Nov			Nov			Nov			Nov		
Dec			Dec			Dec			Dec		

Certification:

I hereby certify under penalty of perjury, as set forth in Va. Code § 63.2-502, that all information I provided in this Statement of Payments is true and correct to the best of my knowledge and belief.

Signature _____ DATE _____