## The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

## AFFIDAVIT AND REQUEST TO REGISTER A FOREIGN SUPPORT ORDER

v. Respondent	
Name	File Number
Street Address	
Apt. or P.O. Box Number	Petition Number
City State Zip Code	1
Social Security Number Date of Birth	<u></u> )
ttomey Name and Phone Number	-
	Name   Street Address   Apt. or P.O. Box Number   City State   Zip Code   Social Security Number   Date of Birth

BE IT REMEMBERED, that on this date,

("Petitioner"), who, being duly sworn by me according to

The law personally appeared before me, a Notary Public for the State and County declared above, did depose and say:

- 1. I hereby request that the Family Court of the State of Delaware register the attached support order issued by a court of another state.
- 2. I have attached two (2) copies of said Order, at least one (1) of which is a certified copy.
- 3. To the best of my knowledge and belief, the arrearages owed are: \$\_
- 4. I have provided below the name, address and social security number of the obligor, listed as Respondent, above.
- 5. The name and address of the obligor's employer is:

Name			
Street Address			
Apt. or P.O. Box Number			
City	Stat	ie Zip Code	
,			

6. If the obligor owns property in Delaware that is not exempt from execution, that property is located at the following address:

Street Address			
Apt. or P.O. Box Number			
City	State	Zip Code	

7. I have simultaneously filed a petition or comparable pleading seeking enforcement of this Order.

Affiant

SWORN TO AND SUBSCRIBED before me this date

Notary Public