

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

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In the matter of

(name),  
                  Petitioner,

                  against

(name),  
                  Respondent.

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**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)