

**FORM 17 / ALIMONY/SPOUSAL MAINTENANCE/CHILD SUPPORT**

Name \_\_\_\_\_  
*First Middle Last Suffix*

If you answered YES, to Question 17, please provide the following for each instance for which you have a commitment for payment(s). Please list the name and last known address of your former spouse(s) / partner(s) and child's(en's) parent(s), provide a notarized statement from the person to whom payments are made of your compliance with support payments OR a record of payment from the court registry through which payments are made.

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Type of payment:

Court Order Date:

Former Spouse/Partner Name:

Address 1:

City/State or Territory:

Country (if outside the U.S.):

Zip/Postal Code:

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Type of payment:

Court Order Date:

Former Spouse/Partner Name:

Address 1:

City/State or Territory:

Country (if outside the U.S.):

Zip/Postal Code:

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Court Order Date:

Former Spouse/Partner Name:

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City/State or Territory:

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**Duplicate form as needed.**