

Maryland State Department of Education/Office of Child Care
Child Care Subsidy Program
VOLUNTARY CHILD SUPPORT AGREEMENT

Return To:
CCS Central
PO Box 17015
Baltimore, MD 21297

| Section 1 Applicant (Custodial Party) General Information | |
|------------------------------------------------------------------|-----------------------|
| First Name: | Last Name: |
| Date of Birth (DOB): | Contact Phone Number: |
| Social Security Number (SSN) (Optional): | |

| Section 2 Non-Custodial Party | |
|------------------------------------------|---------------------------|
| First Name: | Last Name: |
| Social Security Number (SSN) (Optional): | |
| Home Address: Street | Apt # City State Zip Code |

| Section 3 Payment Amount | |
|---------------------------------|------------|
| Amount Paid: | Frequency: |

| Section 4 Children | |
|---------------------------|---------------|
| Child 1 Name: | Child 2 Name: |
| Child 3 Name: | Child 4 Name: |

| Section 5 Signature | |
|-----------------------------------------------------------------------------------------------|------|
| By signing, I declare that I pay the amount populated above to the Custodial Party. | |
| Non-Custodial Party Signature | Date |
| By signing, I declare that I receive the amount populated above from the Non-Custodial Party. | |
| Custodial Party Signature | Date |

This voluntary child support agreement form will not be processed if the form is not signed by both parties.