

VACATION CREDIT

****PLEASE USE ONLY ONE FORM FOR EACH PERIOD OF PARENTING TIME****

DATE: _____

CASE NUMBER: _____

PAYER NAME: _____

PAYER'S CURRENT ADDRESS: _____

PAYER'S CURRENT EMPLOYMENT: _____

PAYER'S CURRENT TELEPHONE NUMBER: _____

PAYEE'S NAME: _____

NAME OF CHILD VISITING: _____

Beginning date: _____ Ending date: _____

NAME OF CHILD VISITING: _____

Beginning date: _____ Ending date: _____

NAME OF CHILD VISITING: _____

Beginning date: _____ Ending date: _____

NAME OF CHILD VISITING: _____

Beginning date: _____ Ending date: _____

Total credit amount requested: _____

COMMENTS: _____

Payer's signature: _____ Date: _____

Payee's approval signature: _____ Date: _____

FOR FRIEND OF THE COURT USE ONLY

SUPPORT ABATEMENT CLAUSE IN ORDER YES NO

CASEWORKER: _____

SOURCE ID: _____