



County of Sonoma  
Child Support Service

**Claim For Reimbursement of Child Care Costs**

<b>Month/Date of Child Care Expense</b>	<b>Name of Child Care Provider</b>	<b>Amount Paid By Me To Provider</b>	<b>Check if Proof of Payment is Attached</b>	<b>Amount Due From Other Parent</b>	<b>Comments</b>

I declare under penalty of perjury under the laws of the State of California that all claimed expenses are true and accurate and that they were related to employment or reasonably necessary education or training for employment.

\_\_\_\_\_  
Name of Claimant

Dated: \_\_\_\_\_