



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

DCS Division of Child Support

Child Support Referral

The Division of Child Support (DCS) will use your personal information and social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

A. Information About the Children's Parents

Mother of Children					Father of Children				
Name (First/Middle/Last):					Name (First/Middle/Last):				
Other Names Used:					Other Names Used:				
P.O. Box or Street Address:					P.O. Box or Street Address:				
City:		State:	ZIP Code:		City:		State:	ZIP Code:	
Home Phone: ()		Message Phone: ()		Cell Phone: ()	Home Phone: ()		Message Phone: ()		Cell Phone: ()
E-mail Address:					E-mail Address:				
Social Security Number:			Date of Birth (Month/Day/Year):		Social Security Number:			Date of Birth (Month/Day/Year):	
Place of Birth (City/County/State/Country):					Place of Birth (City/County/State/Country):				
Race:	Height:	Weight:	Hair Color:	Eye Color:	Race:	Height:	Weight:	Hair Color:	Eye Color:
Native Language (If correspondence needed in other than English):					Native Language (If correspondence needed in other than English):				
Tribal Affiliation (if applicable):		Lives on an Indian Reservation?			Tribal Affiliation (if applicable):		Lives on an Indian Reservation?		
		<input type="checkbox"/> No <input type="checkbox"/> Yes					<input type="checkbox"/> No <input type="checkbox"/> Yes		
Last-Known Employer's Name:					Last-Known Employer's Name:				
Employer's P.O. Box or Street Address:					Employer's P.O. Box or Street Address:				
Employer's City:		State:	ZIP Code:		Employer's City:		State:	ZIP Code:	
Employer's Telephone Number: ()					Employer's Telephone Number: ()				
Mother's Father's Name:		Mother's Mother's Maiden Name:			Father's Father's Name:		Father's Mother's Maiden Name		

B. The Children's Residence

The children listed on page 2 live with: Mother Father Other (specify): _____

Did the noncustodial parent ever live with or provide support for the children in Washington State? No Yes
If yes, when?

C. If the Children Do Not Live With the Mother or Father, Complete This Section

Your Name:		Your P.O. Box or Street Address:		
Your Social Security Number:	Your Date of Birth:	Your City:	Your State:	Your ZIP Code:
Your Relationship to the Children:		Home Phone: ()	Message Phone: ()	Cell Phone: ()
Tribal Affiliation (if applicable):		Lives on an Indian Reservation?		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		

D. Information About the Children for Whom You Want Child Support

List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.

First Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		Tribal Affiliation (if applicable)
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

Second Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		Tribal Affiliation (if applicable)
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

Third Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		Tribal Affiliation (if applicable)
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):		
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	

E. Marriage Information for the Parents of the Children Listed Above

Date Married (Month/Day/Year):	Place Married (County/State):
Date Divorced (Month/Day/Year):	Place Divorced (County/State):
Date Separated (Month/Day/Year):	Place Separated (County/State):

F. Public Assistance and Support Payment Information

Have you or the children listed above ever received public assistance from a state or Indian Tribe? No Yes

If yes, where (Counties/States/Tribes): _____ If yes, when (Months/Years): _____

If there is a child support order(s) for the children listed above, how much **total** support did the noncustodial parent pay to you for the children (**do not include support owed to a state or Indian Tribe**)? \$ _____ .

Dates received support: (start) _____ (end) _____ . **Attach copies of all support orders.**

G. Declaration

I agree to tell the DCS immediately, in writing, of any new or changed information that relates to collecting support from the parent responsible for paying support.

I certify or declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

Signed at _____, Washington.

Signature: _____ Date: _____

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request