

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.

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 ANY)		LIVES ON AN INDIAN RESERVATION? <input type="checkbox"/> NO <input type="checkbox"/> YES			TRIBAL AFFILIATION (IF ANY)		LIVES ON AN INDIAN RESERVATION? <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 ()		IS THIS A TRIBAL BUSINESS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK			EMPLOYER'S TELEPHONE NUMBER ()		IS THIS A TRIBAL BUSINESS? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		
MOTHER'S FATHER'S NAME		MOTHER'S MOTHER'S MAIDEN NAME			FATHER'S FATHER'S NAME		FATHER'S MOTHER'S MAIDEN NAME		

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? _____

What percentage of the time do the children listed on page 2 reside with the mother? _____ percent.

What percentage of the time do the children listed on page 2 reside with the father? _____ percent.

What percentage of the time do the children listed on page 2 reside with a non-parent custodian? _____ percent.

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		YOUR HOME PHONE ()	YOUR MESSAGE PHONE ()		YOUR CELL PHONE ()	
YOUR TRIBAL AFFILIATION (IF ANY)			DO YOU LIVE ON AN INDIAN RESERVATION? <input type="checkbox"/> NO <input type="checkbox"/> YES			

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.

CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)	TRIBAL AFFILIATION (IF ANY)
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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)?
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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)
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CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)	TRIBAL AFFILIATION (IF ANY)
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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)?
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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)
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CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
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DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTY / STATE / COUNTRY)	TRIBAL AFFILIATION (IF ANY)
------------------------------------	--	-----------------------------

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)?
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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)
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Marriage Information for the Parents of the Children Listed Above

DATE MARRIED (MONTH / DAY / YEAR)	PLACE MARRIED (COUNTY / STATE)
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DATE DIVORCED (MONTH / DAY / YEAR)	PLACE DIVORCED (COUNTY / STATE)
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DATE SEPARATED (MONTH / DAY / YEAR)	PLACE SEPARATED (COUNTY / STATE)
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Restraining Order / Safety Concerns

Is there a restraining / protection order in place or do you have safety concerns for you or your children? NO YES

Public Assistance and Support Payment Information

Have you or the children listed above ever received public assistance from a state or tribe? NO YES

IF YES, WHERE (COUNTIES / STATES / TRIBES)	IF YES WHEN (MONTHS / YEARS)
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If you received child support from the noncustodial parent, complete the **Declaration of Support Payments** and return it to DCS. **Attach copies of all support orders.**

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
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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

Application for Nonassistance Support Enforcement Services

Instructions

Read this form carefully. **Complete the *Child Support Referral, Declaration of Support Payments, and this form.*** Return the completed forms to the Division of Child Support (DCS) at the address listed on page 4. Except for your signature, print your responses. Use blue or black ink only.

Information About Me

NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE
		ZIP CODE

Information About the Noncustodial Parent

NAME (FIRST, MIDDLE, LAST)

Payments

I understand that DCS can send support payments to me by Electronic Funds Transfer (EFT) by depositing the payments directly into my checking or savings account. I authorize direct deposit by completing the following bank account information. **(Attach a voided check.)**

Bank Name

Bank Routing Number

Bank Account Number

Checking Savings

If I do not authorize direct deposit, DCS will automatically mail me a stored-value Visa debit card called the DCS debit card. If DCS enrolls me in the DCS debit card program, DCS will deposit my support payments to the card rather than to my bank account. In most cases, support payments are available in my bank account or on my DCS debit card within three business days after DCS applies them to my case. The DCS debit card can be used anywhere VISA is accepted or at ATM machines. I can get more information about electronic payments, or find out about my other options for receiving payments, by calling 800-468-7422 or on-line at www.dshs.wa.gov/esa/division-child-support.

Declaration

I declare that I:

- Am not receiving or asking for support enforcement services from another state or authority.
- Either have physical custody of the children for whom I am seeking current support or had physical custody of the children for the time when the support debt occurred.
- Have the legal custodian's permission to care for the children.
- Did not wrongfully deprive the legal physical custodian of custody of the children.
- Am not receiving public assistance funds for the children.

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

SIGNATURE

PLACE SIGNED

DATE

Acknowledgment regarding payments sent in error and / or overpayments: Unless I check the "No" box below, my signature on this application gives the Division of Child Support (DCS) permission to keep up to 10 percent of my current child support payments and all of my past-due payments made on this case until payments sent in error are recovered in full.

No. Please contact me before you attempt to recover a payment sent in error from my future support payments.

DCS will provide the same level of full enforcement services whether or not I check the "No" box. DCS may use other collection methods to recover a payment sent in error, which could include income withholding and other actions allowed under RCW 74.20A.270.

I want DCS to provide child support enforcement services to me and my children. I want DCS to accept and endorse all child support payments (checks, money orders, electronic funds transfers, etc.) collected for me.

If I now receive child support payments through a state or tribal court or state or tribal child support enforcement agency, I want the court or agency to send all payments to DCS.

I read and understand the **Nonassistance Support Enforcement Information** form that I received with this application.

I understand that:

1. DCS charges me a \$35 annual fee if I have never received Temporary Assistance to Needy Families (TANF), Tribal TANF, or Assistance to Families with Dependent Children (AFDC) for children in my household. DCS retains this fee (between October 1st and September 30th) from child support collected after DCS has disbursed \$550 in child support payments to me on a case in a federal fiscal year. If I have more than one case, I may be charged a fee on each case where \$550 is disbursed to me. **If I have received TANF, Tribal TANF, or AFDC from another state I must provide proof, such as a sworn statement from the public assistance agency or a certified copy of my assistance records, to DCS. DCS may charge the fee until I provide that proof.** If paying the \$35 fee creates a hardship for my family, I may ask for an exception by requesting a Conference Board.
2. If DCS refers my case to another state for enforcement, the other state may charge a fee for a particular service. The other state may collect its fees by retaining a part of the child support collection.
3. DCS will need to release my name and my children's names to the noncustodial parent.
4. I must provide my social security number to DCS. DCS will use the number for child support enforcement purposes as defined in the Title IV-D of the Social Security Act.
5. DCS cannot collect child support debts barred by the statute of limitations.
6. DCS cannot require an Indian tribe, a tribally-owned business, or an Indian-owned business located on a reservation to withhold child support from income paid to a noncustodial parent. If a tribe and DCS have an agreement to do so, DCS will ask the tribe to enforce my child support order.
7. DCS will enter my child support order into the Washington State Support Registry (WSSR).
8. If I have a court order that requires the noncustodial parent to pay child support through the WSSR, my case will remain in the WSSR until a court releases my order.
9. DCS will distribute child support collections on my case as required by federal and state law. DCS will:
 - a. Apply current child support to the month in which it is received.
 - b. Send me the current child support. (If the noncustodial parent has more than one child support order and a collection does not cover all current support orders, DCS divides the collection proportionally between the cases.)
 - c. Retain an annual \$35 fee payment (between October 1st and September 30th), if I have never received AFDC, TANF, or Tribal TANF funds as a custodian of minor children, after \$550 in child support is disbursed to me on the case in a year.
 - d. Apply collections that exceed one month's current child support to past-due child support (if any).
 - e. If I received TANF or AFDC in the past, DCS will distribute past-due child support (except payments from the Internal Revenue Service (IRS)) as follows:
 - (1) First, to any past-due support owed to me that was never assigned to the state.
 - (2) Second, to any past-due support that was temporarily assigned to the state.
 - (3) Third, to any past-due support owed to me for my children's medical support.
 - (4) Fourth, to any past-due support that was permanently assigned to the state by a public assistance assignment.
 - (5) Fifth, to any medical support assigned to the state.

10. Collections received from the IRS are always applied to past-due support. Payments from the IRS are distributed in the following order:
 - a. First, to permanently assigned past-due financial support.
 - b. Second, to temporarily assigned past-due financial support.
 - c. Third, to permanently assigned past-due medical support.
 - d. Fourth, to any support owed that was never assigned to the state.
11. WAC-388-14A-2037 explains permanently assigned arrears. WAC 388-14A-2038 explains temporarily assigned arrears.
12. I must return money DCS pays me if I:
 - a. Receive a payment in error.
 - b. Receive more money than the noncustodial parent owes (also called an overpayment).
13. DCS may recover the overpayment and / or payment in error by withholding from future child support received for me, without further notice to me. This is called an 'offset' and is allowed by RCW 26.23.035(3). I may request in writing on page one of this application that DCS contact me before seeking payment recovery by offset. DCS may contact me at a later date to seek permission for offset or to notify me in writing that DCS plans to recover a payment by offset unless I respond. When DCS has authority to recover by offset, the following occurs:
 - a. DCS withholds up to 10 percent of my future current support payments.
 - b. DCS withholds up to 100 percent of my future past-due support payments.
14. DCS may take other collection actions allowed by RCW 74.20A.270 to recover overpayments and / or payments sent to me in error. This applies even after I stop receiving child support payments through DCS. If DCS chooses this option, DCS will serve a notice on me. If no objection is received, DCS is allowed to:
 - a. Send my employer or other person or organization that holds assets for me an ***Income Withholding for Support***. This order / notice requires my employer or other person or organization to withhold the amount of the payment in error and / or overpayment from my earnings, income, and assets.
 - b. File liens against my real and personal property.
 - c. Use any DCS collection remedy available under Chapters 26.09, 26.18, 26.23, and 74.20 RCW.
15. RCW 26.23.110 allows DCS to collect unreimbursed medical expenses (including copayments, deductibles, and premiums as defined in WAC 388-14A-1020) incurred on behalf of the children from me under certain circumstances. DCS may do so by:
 - a. Reducing the debt owed to me.
 - b. Reducing any current support owed to me by no more than 50 percent each month for a year or less.
 - c. Opening a collection case against me and using any DCS collection remedy except license suspension.
16. If my support order requires me to provide health insurance coverage, DCS may enforce that requirement if the noncustodial parent requests it. Enforcement may include establishing a cash medical obligation for monthly premiums, not to exceed 25 percent of my basic child support obligation as shown in the worksheets for my support order.
17. DCS does not represent me or the other party to my child support order. To protect my interests, I should take part in all hearings or court appearances about my child support order. If I do not attend and participate in a hearing, an Administrative Law Judge may grant any requests made by DCS or the other party to my child support order without further notice to me.
18. DCS can deposit my support payments directly into my bank account by Electronic Funds Transfer (EFT). **If I do not authorize direct deposit, DCS will automatically mail me a stored-value Visa debit card, called the DCS debit card.** If DCS enrolls me in the DCS debit card program, DCS deposits my support payments to the card rather than to my bank account. In most cases, support payments are available to my bank account or on my DCS debit card within three business days after DCS applies them to the case. The DCS debit card can be used anywhere VISA is accepted or at ATM machines. For more information about electronic payments or other options for receiving payments I can call 800-468-7422 or go on-line at www.dshs.wa.gov/esa/division-child-support.
19. DCS may serve written notices on me by first class mail. DCS may serve these notices to my last-known address.

I agree to:

1. Send DCS all support payments I get from anyone other than DCS. I must send DCS the payments within eight days.
2. Tell DCS immediately if my children receive any of the following paid on behalf of the noncustodial parent. The noncustodial parent may receive support payment credit for the benefit payments your children receive. You may be asked to confirm these payments. If giving credit shows that the noncustodial parent has overpaid, you may be required to repay the overpaid amount. Generally, the children's custodian must apply for those benefits.
 - a. A benefit paid by the Department of Labor and Industries or a worker's compensation benefit paid by a self-insurer paid after July 1, 1990.
 - b. A disability dependency benefit or retirement benefit from the Social Security Administration paid after July 1, 1990.
 - c. An apportionment of benefits from the Department of Veterans Affairs on or after July 24, 2015.
3. Tell DCS if I ask another person or agency to collect child support for me.
4. Tell DCS if my address or my children's address changes.
5. Send DCS copies of all child support orders that change the support requirements or custody of the children named in my case.

If you have questions, contact:
DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Within _____ calling area _____

Outside _____ calling area _____

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: www.dshs.wa.gov/esa/division-child-support

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.

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
Program Name: Washington Division of Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$0.99* out-of-network	N/A
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity			\$0
We charge 3 other types of fees. Here are some of them:			
Card Replacement (standard or expedited delivery)			\$0 or \$15.00
International Transaction			2%
<p>* This fee can be lower depending on how and where this card is used.</p> <p>No overdraft/credit feature. Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services inside the card package or call 1-866-363-4136 or visit usbankreliacard.com.</p>			

U.S. Bank ReliaCard® Fee Schedule

Program Name: Washington Division of Child Support

All fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Withdrawal (out-of-network)	\$0.99	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per load, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	2%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.50	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per load, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-866-363-4136**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

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