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

Noncustodial Parent Child Support Enforcement Application

Please answer each question as completely as possible. Except for your signature, print all answers in blue or black ink only. If you do not know an answer, print "**UNK**" in the space. If you need more space to answer any question, use a separate sheet and attach it to this form. The Division of Child Support (DCS) will use social security numbers for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

I. Your Personal Information

1. FULL NAME: LAST	FIRST	MIDDLE	2. BIRTHDATE	3. SEX	4. SOCIAL SECURITY NUMBER

5. OTHER NAMES YOU USE

6. ETHNIC ORIGIN	7. HEIGHT	8. WEIGHT	9. COLOR OF HAIR	10. COLOR OF EYES

11. If you need to receive correspondence in a language other than English, list the language:

12. PLACE OF BIRTH: CITY | STATE | COUNTRY

13. Are you a member of an Indian tribe? ☐ No ☐ Yes. If yes, which tribe?

14. Do you live on a reservation? ☐ No ☐ Yes. If yes, which reservation?

15. MAILING ADDRESS: P.O. BOX OR STREET NUMBER | CITY | STATE | ZIP CODE

16. RESIDENCE ADDRESS: (if different from mailing address) P.O. BOX OR STREET NUMBER | CITY | STATE | ZIP CODE

17. HOME TELEPHONE NUMBER	18. MESSAGE / CELL TELEPHONE NUMBER	19. WORK TELEPHONE NUMBER
( )	( )	( )

20. MOTHER'S FULL NAME: (list even if deceased) LAST | FIRST | MIDDLE

21. MOTHER'S MAIDEN NAME: LAST | FIRST | MIDDLE

22. MOTHER'S ADDRESS: P.O. BOX OR STREET NUMBER | CITY | STATE | ZIP CODE

23. FATHER'S FULL NAME: (list even if deceased): LAST | FIRST | MIDDLE

24. FATHER'S ADDRESS: P.O. BOX OR STREET NUMBER | CITY | STATE | ZIP CODE

25. Are you a member of the military reserve forces? ☐ No ☐ Yes. If yes, answer questions 26 - 28. If no, go to question 29.

26. SERVICE BRANCH	27. ☐ RESERVES ☐ NATIONAL GUARD	28. DUTY STATION

List the following information for relatives, friends, or places where DCS can contact you:

29. NAME	30. P.O. BOX OR STREET NUMBER: CITY STATE ZIP CODE
31. TELEPHONE NUMBER	32. RELATION TO YOU
33. NAME	34. P.O. BOX OR STREET NUMBER: CITY STATE ZIP CODE
35. TELEPHONE NUMBER	36. RELATION TO YOU

FG VER: (1.1)

II. Your Employment and Union Information

To help DCS process your application, please attach copies of your last three pay stubs or pay records.

1. Are you self-employed? ☐ No ☐ Yes. If yes, answer questions 2 - 4. If no, go to question 5.

2. COMPANY NAME	3. ☐ SOLE OWNER ☐ CORPORATION ☐ PARTNERSHIP

4. COMPANY ADDRESS: P.O. BOX OR STREET NUMBER CITY STATE ZIP CODE

5. EMPLOYER'S NAME ☐ YEAR-AROUND EMPLOYER ☐ SEASONAL EMPLOYER

6. EMPLOYER'S ADDRESS: P.O. BOX OR STREET NUMBER CITY STATE ZIP CODE

7. EMPLOYER'S TELEPHONE NUMBER	8. DAYS OF THE WEEK YOU WORK	9. YOUR WORK HOURS

10. ☐ EMPLOYER IS AN INDIAN TRIBE ☐ EMPLOYER IS AN INDIAN-OWNED BUSINESS LOCATED ON A RESERVATION
☐ EMPLOYER IS A TRIBALLY-OWNED BUSINESS ☐ EMPLOYER IS NOT INDIAN TRIBE RELATED

11. Do you belong to a labor union? ☐ No ☐ Yes. If yes, answer questions 12 - 14. If no, go to Section III.

12. UNION'S NAME	13. LOCAL NUMBER

14. UNION'S ADDRESS: P.O. BOX OR STREET NUMBER CITY STATE ZIP CODE

III. Your Health Insurance Information

1. Is health insurance available to you through your employer, union, or Indian Health Services? ☐ No ☐ Yes.
If yes, answer questions 2 - 7. If no, go to question 8.

2. INSURANCE COMPANY'S NAME	3. POLICY NUMBER	4. GROUP NUMBER

5. INSURANCE COMPANY'S ADDRESS: P.O. BOX OR STREET NUMBER CITY STATE ZIP CODE

6. TYPE OF COVERAGE: ☐ MEDICAL ONLY ☐ MEDICAL AND DENTAL ☐ DENTAL ONLY ☐ OTHER (LIST): ____________	7. EFFECTIVE DATE

8. Do you have any other health insurance? ☐ No ☐ Yes. If yes, answer questions 9 - 14. If no, go to question 15.

9. OTHER INSURANCE COMPANY'S NAME	10. POLICY NUMBER	11. GROUP NUMBER

12. OTHER INSURANCE COMPANY'S ADDRESS: P.O. BOX OR STREET NUMBER CITY STATE ZIP CODE

13. TYPE OF COVERAGE: ☐ MEDICAL ONLY ☐ MEDICAL AND DENTAL ☐ DENTAL ONLY ☐ OTHER (LIST): ____________	14. EFFECTIVE DATE

15. Does your health insurance cover any of the children involved in this case? ☐ No ☐ Yes
If yes, answer questions 16 and 17. If no, go to Section IV.

16. MONTHLY INSURANCE PREMIUM TO COVER EACH CHILD	17. TOTAL MONTHLY INSURANCE PREMIUM TO COVER THE CHILDREN
$	$

IV. Your Financial Information

1. GROSS MONTHLY EARNINGS OR INCOME	2. NET MONTHLY EARNINGS OR INCOME	3. PAY PERIOD: ☐ WEEKLY ☐ BIMONTHLY ☐ MONTHLY ☐ OTHER: ____________
$	$	

4. BANK NAME	5. BANK BRANCH

6. BANK ADDRESS: P.O. BOX OR STREET NUMBER CITY STATE ZIP CODE

FG VER: (1.1)

IV. Your Financial Information (continued)

7. Do you receive retirement benefits? ☐ No ☐ Yes. If yes, from whom?

If you receive **military** retirement benefits, answer questions 8 and 9. If you do not, go to question 10

8. YOUR RETIRED RANK	9. SERVICE BRANCH

10. Do you receive worker's compensation benefits? ☐ No ☐ Yes.
If yes, answer questions 11 and 12. If no, go to question 13.

11. WHO PAYS THE BENEFIT?	12. CLAIM NUMBER

13. Do you have income other than salary or wages? ☐ No ☐ Yes. If yes, list the source.

14. Do you own property? ☐ No ☐ Yes. If yes, answer questions 15 and 16. If no, go to Section V.

15. LOCATION OF THE PROPERTY	16. TYPE OF PROPERTY (real estate, boat, car, etc.)

V. Your Marriage, Paternity, and Child Support Order Information

Attach copies of all paternity affidavits, court orders, administrative orders, and written child support agreements.

1. Were you married to your children's other parent? ☐ No ☐ Yes. If yes, answer questions 2 - 4. If no, go to question 10.

2. DATE MARRIED	3. PLACE MARRIED: CITY	COUNTY	STATE	COUNTRY

4. Are you now divorced from your children's other parent? ☐ No ☐ Yes.
If yes, answer questions 5 and 6. If no, go to question 7.

5. DATE DIVORCED	6. PLACE DIVORCED: CITY	COUNTY	STATE OR TRIBE	COUNTRY

7. Are you now separated (not divorced) from your children's other parent? ☐ No ☐ Yes.
If yes, answer questions 8 and 9. If no, go to question 10.

8. DATE SEPARATED	9. PLACE SEPARATED: CITY	COUNTY	STATE	COUNTRY

10. If you were never married to your children's other parent, does a state or tribal court order name the children's father?
☐ No ☐ Yes. If yes, answer questions 11-13. If no, go to question 14.

11. DATE ORDER ENTERED	12. PLACE ORDER ENTERED: CITY	COUNTY	STATE OR TRIBE	COUNTRY

13. FATHER'S FULL NAME: LAST	FIRST	MIDDLE

14. Did you sign a Paternity Affidavit? ☐ No ☐ Yes. If yes, answer questions 15 and 16. If no, go to question 17.

15. DATE SIGNED	16. PLACE FILED: CITY	COUNTY	STATE	COUNTRY

17. NAME OF THE STATE OR TRIBAL RESERVATION WHERE THE CHILDREN WERE CONCEIVED

18. Do you have any other child support orders? ☐ No ☐ Yes. If yes, answer questions 19- 21. If no, go to question 22.

19. DATE ENTERED	20. CAUSE NUMBER (if known)	21. PLACE ENTERED: COUNTY	STATE OR TRIBE	COUNTRY

22. Do you pay spousal maintenance ☐ No ☐ Yes. If yes, answer questions 23 and 24. If no, go to question 25.

23. DATES PAID	24. NAME OF PERSON(S) PAID

FG VER: (1.1)

V. Your Marriage, Paternity, and Child Support Order Information (continued)

25. Did you ever pay child support to another state or tribal child support agency? ☐ No ☐ Yes.
If yes, answer questions 26 and 27. If no, go to question 28.

26. DATES PAID	27. AGENCY NAME

28. Did you ever pay child support through a court clerk? ☐ No ☐ Yes.
If yes, answer questions 29 and 30. If no, go to question 31.

29. DATES PAID	30. PLACE PAID: COUNTY	STATE OR TRIBE

31. Describe all verbal and written agreements you have with the other parent that affect the child support amount.

VI. Personal Information About the Other Parent

This section is for information about the other parent of the children named in this application.

1. FULL NAME: LAST	FIRST	MIDDLE	2. BIRTHDATE	3. SEX	4. SOCIAL SECURITY NUMBER

5. OTHER NAMES USED

6. If the other parent needs to receive correspondence in a language other than English, list the language:

7. PLACE OF BIRTH:	CITY	STATE	COUNTRY

8. Is the other parent a member of an Indian tribe? ☐ No ☐ Yes. If yes, which tribe?

9. Does the other parent live on a reservation? ☐ No ☐ Yes. If yes, which reservation?

	P.O. BOX OR STREET NUMBER	CITY	STATE	ZIP CODE
10. MAILING ADDRESS:				
11. RESIDENCE ADDRESS: (if different from mailing address)				

12. HOME TELEPHONE NUMBER	13. MESSAGE / CELL TELEPHONE NUMBER	14. WORK TELEPHONE NUMBER
( )	( )	( )

VII. The Other Parent's Employment and Earnings Information

1. Is the other parent self-employed? ☐ No ☐ Yes. If yes, answer questions 2 - 4. If no, go to question 5.

2. COMPANY NAME	3. ☐ SOLE OWNER ☐ CORPORATION ☐ PARTNERSHIP

	P.O. BOX OR STREET NUMBER	CITY	STATE	ZIP CODE
4. COMPANY ADDRESS:				

5. EMPLOYER'S NAME	6. ☐ YEAR-AROUND EMPLOYER ☐ SEASONAL EMPLOYER

	P.O. BOX OR STREET NUMBER	CITY	STATE	ZIP CODE
7. EMPLOYER'S ADDRESS:				

8. EMPLOYER'S TELEPHONE NUMBER	9. DAYS OF THE WEEK WORKED	10. WORK HOURS

VII. The Other Parent's Employment and Earnings Information (continued)

11. ☐ EMPLOYER IS AN INDIAN TRIBE ☐ EMPLOYER IS AN INDIAN-OWNED BUSINESS LOCATED ON A RESERVATION
☐ EMPLOYER IS A TRIBALLY-OWNED BUSINESS ☐ EMPLOYER IS NOT INDIAN TRIBE RELATED

12. GROSS MONTHLY EARNINGS	13. NET MONTHLY EARNINGS	14. PAY PERIOD:
$	$	☐ WEEKLY ☐ BIMONTHLY ☐ MONTHLY ☐ OTHER: ________

VIII. Information About the Children in This Case

1. List all children living in the other parent's household for whom you have a requirement to pay child support or for whom you want a child support requirement established.

A. FULL NAME: LAST FIRST MIDDLE	B. BIRTHDATE	C. SEX	D. SOCIAL SECURITY NUMBER
E. RELATIONSHIP TO YOU	F. PLACE OF BIRTH COUNTY STATE		
G. TRIBE	H. COVERED BY YOUR HEALTH INSURANCE? ☐ NO ☐ YES		
A. FULL NAME: LAST FIRST MIDDLE	B. BIRTHDATE	C. SEX	D. SOCIAL SECURITY NUMBER
E. RELATIONSHIP TO YOU	F. PLACE OF BIRTH COUNTY STATE		
G. TRIBE	H. COVERED BY YOUR HEALTH INSURANCE? ☐ NO ☐ YES		
A. FULL NAME: LAST FIRST MIDDLE	B. BIRTHDATE	C. SEX	D. SOCIAL SECURITY NUMBER
E. RELATIONSHIP TO YOU	F. PLACE OF BIRTH COUNTY STATE		
G. TRIBE	H. COVERED BY YOUR HEALTH INSURANCE? ☐ NO ☐ YES		
A. FULL NAME: LAST FIRST MIDDLE	B. BIRTHDATE	C. SEX	D. SOCIAL SECURITY NUMBER
E. RELATIONSHIP TO YOU	F. PLACE OF BIRTH COUNTY STATE		
G. TRIBE	H. COVERED BY YOUR HEALTH INSURANCE? ☐ NO ☐ YES		
A. FULL NAME: LAST FIRST MIDDLE	B. BIRTHDATE	C. SEX	D. SOCIAL SECURITY NUMBER
E. RELATIONSHIP TO YOU	F. PLACE OF BIRTH COUNTY STATE		
G. TRIBE	H. COVERED BY YOUR HEALTH INSURANCE? ☐ NO ☐ YES		
A. FULL NAME: LAST FIRST MIDDLE	B. BIRTHDATE	C. SEX	D. SOCIAL SECURITY NUMBER
E. RELATIONSHIP TO YOU	F. PLACE OF BIRTH COUNTY STATE		
G. TRIBE	H. COVERED BY YOUR HEALTH INSURANCE? ☐ NO ☐ YES		

2. Did a state (other than Washington State) or tribe ever grant public assistance to the children listed above? ☐ No ☐ Yes.
If yes, answer questions 3 and 4. If no, go to question 5.

3. WHEN GRANTED (most recent)	4. PLACE GRANTED (most recent) COUNTY STATE OR TRIBE

5. Did the children live in more than one household while you had a requirement to pay child support? ☐ No ☐ Yes.
If yes, answer questions 6 - 11. If no, go to Section IX.

6. NAME OF THE CUSTODIAN IN THE HOUSEHOLD	7. LOCATION: CITY STATE	8. DATES IN HOUSEHOLD
9. NAME OF THE CUSTODIAN IN THE HOUSEHOLD	10. LOCATION: CITY STATE	11. DATES IN HOUSEHOLD

IX. Child Support You Paid for the Children Named on This Form

List all child support payments that you paid for the children involved in this case for the last 10 years. DCS may ask you to prove that you made these payments.

Year/Month					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

Year/Month					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

X. Certification

If you want DCS to enforce the other parent's medical support obligation, select the type of medical enforcement services you want:

- ☐ I want DCS to require the other parent to provide health insurance coverage for the children or to pay part of the medical insurance premium costs I am incurring in the amount stated in the order.
- ☐ I want DCS to collect the other parent's share of uninsured medical expenses (including copayments, deductibles, and premiums as defined in WAC 388-14A-1020) that I have paid on behalf of the children.

I am asking for child support enforcement services. I realize that DCS tries to collect child support debts not barred by the statute of limitations. I know that this request registers my child support order with the Washington State Support Registry (WSSR). I understand that the information I provide may be used by Washington State to establish, enforce, or modify my child support.

I agree to tell DCS when I change my address or employer and about other events that might change my child support payment amount.

I agree to send all child support payments to DCS. I understand that DCS credits only payments that I send to WSSR, a state court or child support agency, or a Tribal court or child support agency to my child support obligation. I understand that DCS will not give me credit for any payment sent directly to the custodial parent.

I declare under penalty of perjury, under the laws of the state of Washington, that:

1. All statements I gave on this form are true and correct.
2. I am not requesting or receiving child support enforcement services from another state.

DATE	SIGNATURE

Return this completed form to:

DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520
TTY/TDD services available for the speech or hearing impaired.
Visit our web site at: www.dshs.wa.gov/dcs

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.