

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

CHILD SUPPORT REFERRAL - TRIBAL

The Division of Child Support will use your 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 Telephone Number: ()		Message Telephone Number: ()			Home Telephone Number: ()		Message Telephone Number: ()		
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):				
If enrolled in an Indian Tribe, name of the Tribe:					If enrolled in an Indian Tribe, name of the Tribe:				
Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes					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: ()					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): _____

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 City:	Your State:	Your ZIP Code:
Your Telephone Number: ()		Your Relationship to the Children:		

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.

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):			
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):		

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):			
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):		

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):			
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 CHILD SUPPORT PAYMENT INFORMATION

Have you or the children listed above ever received public assistance in another state? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where (Counties/States):	If yes, when (Months/Years):
If there is a child support order(s) for the children listed above and you ever received child support payments for the children, what is the total amount you received? \$ _____. Please attach copies of all support orders.	

G. DECLARATION

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

I certify or declare under penalty of perjury, under the laws and ordinances of this Tribe, and under 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.

