

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

### 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 time do the children listed on page 2 reside with the mother? \_\_\_\_\_ percent.

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

What percentage of 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 ACKNOWLEDGEMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
DATE OF 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):	
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 ACKNOWLEDGEMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
DATE OF 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):	
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 ACKNOWLEDGEMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES
DATE OF 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):	
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)	

**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)

**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 Indian 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