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|  | | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS) | | | | | |
| **Child Support Referral Continuation** | | | | | | | |
| **Information About the Children for Whom You Want Child Support - Continuation** | | | | | | | |
| **List only the children of the parents listed on page 1 of the *Child Support Referral* that live in your home.** | | | | | | | |
| Child's Name (First / Middle / Last) | | | | Sex | Social Security Number | | Did the father sign a paternity ACKNOWLEDGMENT?  No  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?  No  Yes | | | If no, then where (County / State) | | | | |
| Is there a support order for this child?  No  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 ACKNOWLEDGMENT?  No  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?  No  Yes | | | If no, then where (County / State) | | | | |
| Is there a support order for this child?  No  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 ACKNOWLEDGMENT?  No  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?  No  Yes | | | If no, then where (County / State) | | | | |
| Is there a support order for this child?  No  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 ACKNOWLEDGMENT?  No  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?  No  Yes | | | If no, then where (County / State) | | | | |
| Is there a support order for this child?  No  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 ACKNOWLEDGMENT?  No  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?  No  Yes | | | If no, then where (County / State) | | | | |
| Is there a support order for this child?  No  Yes | If yes, date of order (Month / Day / Year) | | | | | If yes, place order entered (County / State / Tribe) | |