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|  | | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS)  **Declaration of Support Payments** | | | | |
| List the child support you received directly from the noncustodial parent from       to        for the children listed below. | | | | | | |
| **Do not** include payments you received from the Division of Child Support. Page 2 has space for five additional years if needed. Attach additional pages if necessary.  **NOTICE: You must complete the Declaration section on page 2.** | | | | | | |
| NONCUSTODIAL PARENT'S FULL NAME | | | CUSTODIAL PARENT'S NAME | | CASE NUMBER | |
| Year |  | |  |  |  |  |
| January |  | |  |  |  |  |
| February |  | |  |  |  |  |
| March |  | |  |  |  |  |
| April |  | |  |  |  |  |
| May |  | |  |  |  |  |
| June |  | |  |  |  |  |
| July |  | |  |  |  |  |
| August |  | |  |  |  |  |
| September |  | |  |  |  |  |
| October |  | |  |  |  |  |
| November |  | |  |  |  |  |
| December |  | |  |  |  |  |
| Total |  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year |  |  |  |  |  |
| January |  |  |  |  |  |
| February |  |  |  |  |  |
| March |  |  |  |  |  |
| April |  |  |  |  |  |
| May |  |  |  |  |  |
| June |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| October |  |  |  |  |  |
| November |  |  |  |  |  |
| December |  |  |  |  |  |
| Total |  |  |  |  |  |
|  | | | | | |
| Declaration | | | | | |
| I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct. | | | | | |
| Signed at       , Washington. | | | | | |
| DATE | | YOUR SIGNATURE | | | |
| Return to:  DIVISION OF CHILD SUPPORT  PO BOX 11520  TACOMA WA 98411-5520 | | | | | |