



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

## Application for Full Collection Services

I understand and agree to the terms stated in the DSHS 16-072, **Nonassistance Support Enforcement Information**. I request the Division of Child Support to provide full collection services on my child support order.

*Please print all responses except your signature.*

\_\_\_\_\_  
MY FULL NAME

\_\_\_\_\_  
OTHER PARENT'S FULL NAME

\_\_\_\_\_  
MY TELEPHONE NUMBER (INCLUDE AREA CODE)

\_\_\_\_\_  
OTHER PARENT'S DATE OF BIRTH

\_\_\_\_\_  
MY PO BOX OR STREET NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MY CITY, STATE, AND ZIP CODE

\_\_\_\_\_  
DATE

I would like information on electronic direct deposit of my child support payments.

Case #:

DSHS 14-341 (REV. 04/2009)