Washington State Department of Social & Health Services
DCS Division of Child Support

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

Request for Income Information for Purposes of Entering a Child Support Order

Use this form to ask the Division of Child Support (DCS) for income information about the other party to your child support order. If you do not provide the other party's full name, social security number, and date of birth, DCS may not be able to provide wage information. DCS may provide information about that person's earnings but cannot tell you where that person works or lives unless you file a separate written request under WAC 388-14A-2107 and 2110.

You can take this form to any DCS office or mail it to: DCS PUBLIC DISCLOSURE COORDINATOR
PO BOX 11520
TACOMA WA 98411-5520

My name is: _____

My mailing address is: _____

_____

My telephone number is: _____

By my signature below, I certify that I am requesting income information for purposes of establishing, enforcing, or modifying a child support order. I understand that I can use this information only for the purpose of establishing, enforcing, or modifying my child support order.

I am requesting income information for: _____
Name of Other Party (First, Middle, Last)

That person's date of birth is: _____
Month/Day/Year

That person's social security number is: _____

☐ The other party and I have a DCS case together. The case number is: _____

☐ I do not already have a DCS case with the other party. I am requesting locate services under WAC 388-14A-1040. To support this request, I must complete all of the blanks below.

The other party's last known address or employer: _____

_____

_____

This person (pick one): ☐ is ☐ is not ☐ was in the military.

This person (pick one): ☐ is ☐ is not receiving some kind of federal benefits.

NOTE: if you do not provide all of the required information, DCS may deny your request for information.

_____ _____
DATE MY SIGNATURE

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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.

FG VER: (1.1)