

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

Declaration of Lawful Custody

Instructions			
You must complete and return this form before the Division of Child Support (DCS) can send you child support payments. Except for your signature, print all responses in blue or black ink.			
DCS may close your case if we do not receive this form before			
Return this form to the DCS address listed below.			
l,	, am the: (c	check the box t	that applies to you)
1. Legal custodian of the child	Iren listed below.		
2. Physical custodian of the children listed below. I have the legal custodian's permission to care for the children.			
Children's Names	Social Securi	ty Numbers	Birth Dates
The children came into my custody on			
	Date		
I declare, under penalty of perjury under the laws of Washington State, that the foregoing is true and correct.			
Signed at , Washington.			
Signed at	, washing	itori.	
	-		
DATE		SIGNATURE	
		CASE NUMBER	₹
DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520			
Within	calling area		
Outside	calling area		
TTY/TDD services available for the Visit our web site at: www.dshs.wa.			

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.