

Transforming lives

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			RITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT?
							No Yes
DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE	of Birth (Ci	TY / CC	DUNTY /	STATE	/ COUNTRY)	TRIBAL AFFILIATION (IF ANY)
DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? IF NO, THEN WHERE (COUNTY / STATE)?							
No Yes							
IS THERE A SUPPORT ORDER FOR THIS CH	HILD?	IF YES, DAT (MONTH / D/		RDER	IF YES	, PLACE ORDEF	R ENTERED (COUNTY / STATE / TRIBE)
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CHILD'S NAME (FIRST / MIDDLE / LAST)			SEX	SOCIA	L SECU	RITY NUMBER	DID THE FATHER SIGN A PATERNITY
							ACKNOWLEDGMENT?
DATE OR BIRTH (MONTH / DAY / YEAR)	PLACE	OF BIRTH (CI	TY/CC	DUNTY /	STATE	/ COUNTRY)	TRIBAL AFFILIATION (IF ANY)
DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? IF NO, THEN WHERE (COUNTY / STATE)?							
IS THERE A SUPPORT ORDER FOR THIS CH	HILD?	IF YES, DAT (MONTH / D/	E OF O	RDER	IF YES	, PLACE ORDER	R ENTERED (COUNTY / STATE / TRIBE)
🗌 No 🔲 Yes		(MONTH / D/	AY/YE/	AR)			
CHILD'S NAME (FIRST / MIDDLE / LAST)			SEX	SOCIA	L SECUI	RITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT?
							🗌 No 🔲 Yes
DATE OR BIRTH (MONTH / DAY / YEAR) P	PLACE	OF BIRTH (CI	TY/CC	UNTY /	STATE	/ COUNTRY)	TRIBAL AFFILIATION (IF ANY)
DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? IF NO, THEN WHERE (COUNTY / STATE)?							
No Yes IS THERE A SUPPORT ORDER FOR THIS CHILD? IF YES, DATE OF ORDER IF YES, PLACE ORDER ENTERED (COUNTY / STATE / TRIBE (MONTH / DAY/ YEAR)							
MONTH/D.			AY/YEAR)				
CHILD'S NAME (FIRST / MIDDLE / LAST)			SEX	SOCIA	L SECU	RITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT?
		0 - DIDTU (0)					
DATE OR 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? IF NO, THEN WHERE (COUNTY / STATE)?							
IS THERE A SUPPORT ORDER FOR THIS CH	HILD?	IF YES, DAT	E OF O	RDER	IF YES	. PLACE ORDEF	R ENTERED (COUNTY / STATE / TRIBE)
🗌 No 🔲 Yes		(MONTH / D/	AY/ YEA	AR)			, ,
CHILD'S NAME (FIRST / MIDDLE / LAST)			SEX SOCIAL SECURITY NUMBER		RITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT?	
							🗌 No 🔲 Yes
DATE OR BIRTH (MONTH / DAY / YEAR) PLACE OF BIRTH (CI			TY / COUNTY / STATE / COUNTRY)			/ COUNTRY)	TRIBAL AFFILIATION (IF ANY)
I DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? IF NO, THEN WHERE (COUNTY / STATE)?							
IS THERE A SUPPORT ORDER FOR THIS CHILD? IF YES (MONT			E OF O AY/ YE/	RDER AR)	IF YES	, PLACE ORDEF	R ENTERED (COUNTY / STATE / TRIBE)
└─ No └─ Yes				-			