

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 <i>Child Support Referral</i> that <u>live in your home</u> .			
CHILD'S NAME (FIRST / MIDDLE / LAST)	SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes
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? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF NO, THEN WHERE (COUNTY / STATE)?	
IS THERE A SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, DATE OF ORDER (MONTH / DAY / YEAR)	IF YES, PLACE ORDER ENTERED (COUNTY / STATE / TRIBE)	
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