

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

School Statement

TO:

RE:

CASE NUMBER:

The Division of Child Support (DCS) is determining eligibility of the physical custodian named above for child support enforcement services. Please complete this form and return it to the DCS address or Fax number listed below. DCS is using this form instead of a subpoena as allowed by Chapter 74.20A RCW.

CHILD'S NAME	DATE OF BIRTH	ENROLLED		ATTENDANCE	
		YES	NO	FULL TIME	PART TIME
1.					
2.					
CHILDREN NAMED ABOVE WHO WILL GRADUATE WITHIN THE NEXT YEAR.					
CHILD'S NAME			ESTIMATED GRADUATION MONTH / YEAR		
1.					
2.					
REASONS WHY CHILDREN LISTED ABOVE WILL NOT GRADUATE WITHIN THE NEXT YEAR			EXPECTED GRADUATION MONTH / YEAR		
1.					
2.					
SCHOOL NAME AND MAILING ADDRESS					
SCHOOL REPRESENTATIVE'S SIGNATURE			SCHOOL REPRESENTATIVE'S PRINTED NAME		
TELEPHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)		DATE	
()		()			

DATE

AUTHORIZED REPRESENTATIVE
DIVISION OF CHILD SUPPORT

Return to:
DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Within _____ calling area _____
Outside _____ calling area _____

Fax: 866-668-9518