



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

**Request for Income Information for Purposes of
Entering or Enforcing 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 income information. DCS may provide information about that person's income 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: DIVISION OF CHILD SUPPORT
PO BOX 9162
OLYMPIA WA 98507

My name is: _____

My mailing address is: _____

My telephone number is: _____

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 this information 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 benefit.

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

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.

DATE

MY SIGNATURE

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.