

## 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  |
| 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, enforcir 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 an   |
| aspect of the program's activities. This form is available in alternative formats upon request.  |