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 <u>live in your home</u>.

CHILD'S NAME (FIRST / MIDDLE / LAST)		SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? ☐ NO ☐ YES
DATE OF 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? ☐ NO ☐ YES	IF NO, THEN WHERE (COUNTY / STATE)			
IS THERE A SUPPORT ORDER FOR THIS CHILD? ☐ NO ☐ YES	IF YES, DATE OF ORDER (MONTH / DAY / YEAR)		IF YES, PLACE ORDER ENTERED (COUNTY / STATE / TRIBE)	

CHILD'S NAME (FIRST / MIDDLE / LAST)		SEX	SOCIAL SECURITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? ☐ NO ☐ YES
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