

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

Declaration	of	Lawful	Custody
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	Instruc	tions			
You must complete and return this form before the Division of Child Support (DCS) can send you child support payments. Except for your signature, print all responses in blue or black ink.					
DCS may close your case if we de	o not receive this form befor	re			
Return this form to the DCS addre	ess listed below.				
l,	, am the: (check the box	that applies to you)		
1. Legal custodian of the chil	dren listed below.				
2. Physical custodian of the c	children listed below. I have	e the legal cust	odian's permission to care for the children.		
Children's Names	Social Secur	ity Numbers	Birth Dates		
The children came into my custody on					
I declare, under penalty of perjury under the laws of Washington State, that the foregoing is true and correct.					
Signed at	, Washington.				
DATE	-	SIGNATURE			
		CASE NUMBER	R		
DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520					
Within	calling area				
Outside	calling area				
TTY/TDD services available for the Visit our web site at: www.dshs.wa					
No person because of race, color, nationa aspect of the program's activities. This fo	Il origin, creed, religion, sex, age, c rm is available in alternative forma	or disability, shall b ts upon request.	e discriminated against in employment, services, or any		