

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 live in your home.						
CHILD'S NAME (FIRST / MIDDLE / LAST)		SEX	SOCIA	L SECU	RITY NUMBER	DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT?
						☐ No ☐ Yes
DATE OR BIRTH (MONTH / DAY / YEAR) PLAC	E OF BIRTH (C	ITY / CC	OUNTY /	STATE	/ COUNTRY)	TRIBAL AFFILIATION (IF ANY)
DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? IF NO, THEN WHERE (COUNTY / STATE)?						
□ No □ Yes						
IS THERE A SUPPORT ORDER FOR THIS CHILD	IF YES, DAT	E OF C	RDER	IF YES	, PLACE ORDE	R ENTERED (COUNTY / STATE / TRIBE)
☐ No ☐ Yes	(WONTH)	A17 1L7	111)			
CHILD'S NAME (FIRST / MIDDLE / LAST)	<u>'</u>	SEX	SOCIA	L SECU	RITY NUMBER	DID THE FATHER SIGN A PATERNITY
						ACKNOWLEDGMENT?
						☐ No ☐ Yes
DATE OR BIRTH (MONTH / DAY / YEAR) PLAC	E OF BIRTH (C	ITY / CC	DUNTY /	STATE	/ COUNTRY)	TRIBAL AFFILIATION (IF ANY)
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IS THERE A SUPPORT ORDER FOR THIS CHILD	P IF YES, DAT (MONTH / D	E OF C	RDER	IF YES	, PLACE ORDE	R ENTERED (COUNTY / STATE / TRIBE)
☐ No ☐ Yes	(MONTH/D	AY/ YE/	AR)			
CHILD'S NAME (FIRST / MIDDLE / LAST)		SEX	SOCIA	L SECU	RITY NUMBER	DID THE FATHER SIGN A PATERNITY
						ACKNOWLEDGMENT?
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