

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 <i>Child Support Referral</i> that <u>live in your home</u> . | | | |
| CHILD'S NAME (FIRST / MIDDLE / LAST) | SEX | SOCIAL SECURITY NUMBER | DID THE FATHER SIGN A PATERNITY ACKNOWLEDGMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| DATE OR 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? <input type="checkbox"/> No <input type="checkbox"/> Yes | | IF NO, THEN WHERE (COUNTY / STATE)? | |
| IS THERE A SUPPORT ORDER FOR THIS CHILD? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| DATE OR 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? <input type="checkbox"/> No <input type="checkbox"/> Yes | | IF NO, THEN WHERE (COUNTY / STATE)? | |
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| DID THE MOTHER BECOME PREGNANT WITH THIS CHILD IN WASHINGTON STATE? <input type="checkbox"/> No <input type="checkbox"/> Yes | | IF NO, THEN WHERE (COUNTY / STATE)? | |
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