



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

## Declaration of Support Payments

List the child support you received **directly from the noncustodial parent** from \_\_\_\_\_ to \_\_\_\_\_ for the children listed below.

**Do not** include payments you received from the Division of Child Support. Page 2 has space for five additional years if needed. Attach additional pages if necessary.

**NOTICE: You must complete the Declaration section on page 2.**

NONCUSTODIAL PARENT'S FULL NAME		CUSTODIAL PARENT'S NAME		CASE NUMBER	
Year					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

Year					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total					

<b>Declaration</b>	
I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.	
Signed at _____, Washington.	
DATE	YOUR SIGNATURE

Return to:  
 DIVISION OF CHILD SUPPORT  
 PO BOX 11520  
 TACOMA WA 98411-5520