



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

Kwaḷok in Kōllā in Jāān in Jipañ ko
Declaration of Support Payments

Kollajrake jipañ ñan ajiri eo kwaar bōk kajju jān armej eo ajiri ro rejjab jokwe ippān **jān** _____ ñan _____ kōn ajiri ro rej jeje ilaḷ.

Kwōn jab koba kōllā ko kwaar bōk jān Division of Child Support. Peij 2 ewōr jikin ñan koba lalem iiō ko jet ñe kwōj aikuj. Koba peba ko jet ñe kwōj aikuj.

ENAAN: Kwōj aikuij kadedeḷok section in Naan in Kaḥool eo ej pād ilo peij 2.

ETAN ARMEJ AJIRI REJJAB JOKWE IPPĀN		ETAN ARMEJ AJIRI REJ JOKWE IPPĀN		NŌMBA IN KEEJ	
liō					
Jānwōde					
Pāpwōde					
Maaj					
Eprōl					
May					
Juun					
Juḷae					
Ōkwōj					
Jeptōm̄ba					
Oktoba					
Nobōm̄ba					
Tijōm̄ba					
Aolep					

liō					
Jānwōde					
Pāpwōde					
Maaj					
Eprōl					
May					
Juun					
Juḷae					
Okwōj					
Jeptōm̄ba					
Oktoba					
Nobōm̄ba					
Tijōm̄ba					
Aolep					

Naan in Kaḡool	
Ij kaḡool bwe, iuḡwin kaje in riab ekkar ñan kien aelōñ in Washington, bwe men kein reḡool im jimwe.	
Iaar jaini ilo _____, Washington.	
RAAN	ELTAN PEIM

Leḷok ñan:
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 PO BOX 11520
 TACOMA WA 98411-5520