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|  | STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DIVISION OF CHILD SUPPORT (DCS)  **Declaration of Lawful Custody** | | |
| Instructions  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 do not receive this form before  .  Return this form to DCS address listed below. | | | |
| I,  , am the: (check the box that applies to you)  1.  Legal custodian of the children listed below.  2.  Physical custodian of the children listed below. I have the legal custodian’s permission to care for the children. | | | |
| Children’s Names | | Social Security Numbers | Birth Dates |
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| The children came into my custody on  .  DATE  I declare, under penalty of perjury under the laws of Washington State, that the foregoing is true and correct.  Signed at  , Washington.  MM/DD/YYYY  DATE SIGNATURE    CASE NUMBER  DIVISION OF CHILD SUPPORT  PO BOX 11520  TACOMA WA 98411-5520  Within  calling area  Outside  calling area  TTY/TDD services available for the speech or hearing impaired.  Visit our web site at: www.dshs.wa.gov/esa/division-child-support | | | |
| No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request. | | | |