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|  |  STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS) **Child Support Referral** |
| The Division of Child Support (DCS) will use your personal information and social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act. |
| **Information About the Children’s Parents** |

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| Mother of Children |
| Name (First / Middle / Last) |
| Other Names Used |
| P.O. Box or Street Address |
| City | State | ZIP Code |
| Home Phone() | Message Phone() | Cell Phone() |
| E-mail Address |
| Social Security Number | Date of Birth (Month / Day / Year) |
| Place of Birth (City / County /State / Country) |
| Race | Height | Weight | Hair Color | Eye Color |
| Native Language (If correspondence needed in other than English) |
| Tribal affiliation (if any) | Lives on an Indian Reservation?[ ]  NO [ ]  YES |
| Last-Known Employer's Name |
| Employer's P.O. Box or Street Address  |
| Employer's City | State | ZIP Code |
| Employer's Telephone Number() | IS THIS A TRIBAL BUSINESS?[ ]  NO [ ]  YES [ ]  UNK |
| Mother’s Father’s Name | Mother’s Mother’s Maiden Name |
| Father of Children |
| Name (First / Middle / Last) |
| Other Names Used |
| P.O. Box or Street Address |
| City | State | ZIP Code |
| Home Phone() | Message Phone() | Cell Phone() |
| E-mail Address |
| Social Security Number | Date of Birth (Month / Day / Year) |
| Place of Birth (City / County /State / Country) |
| Race | Height | Weight | Hair Color | Eye Color |
| Native Language (If correspondence needed in other than English) |
| Tribal affiliation (if any) | Lives on an Indian Reservation?[ ]  NO [ ]  YES |
| Last-Known Employer's Name |
| Employer's P.O. Box or Street Address  |
| Employer's City | State | ZIP Code |
| Employer's Telephone Number() | IS THIS A TRIBAL BUSINESS?[ ]  NO [ ]  YES [ ]  UNK |
| FAther’s Father’s Name | FAther’s Mother’s Maiden Name |

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| **The Children’s Residence** |
| The children listed on page 2 live with: [ ]  Mother [ ]  Father [ ]  Other (specify):   |
| Did the noncustodial parent ever live with or provide support for the children in Washington State? [ ]  No [ ]  YesIf yes, when?  |
| What percentage of time do the children listed on page 2 reside with the mother? percent. |
| What percentage of time do the children listed on page 2 reside with the father? percent. |
| What percentage of time do the children listed on page 2 reside with a non-parent custodian? percent. |
| **If the Children Do Not Live With the Mother or Father, Complete This Section** |
| YOUR Name  | YOUR P.O. Box or Street Address |
| YOUR Social Security Number | YOUR Date of Birth | YOUR City | YOUR State | YOUR ZIP Code |
| Your Relationship to the Children | YOUR Home Phone() | YOUR Message Phone() | YOUR Cell Phone() |
| YOUR Tribal affiliation (if any) | DO YOU LIVE on an Indian Reservation?[ ]  No [ ]  Yes |

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|  **Information About the Children for Whom You Want Child Support** |
| **List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.** |
| CHILD’S Name (First / Middle / Last) | Sex | Social Security Number | Did the father sign a paternity ACKNOWLEDGEMENT? [ ]  No [ ]  Yes |
| Date of 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? [ ]  No [ ]  Yes | If no, then where (County/State): |
| Is there a support order for this child? [ ]  No [ ]  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 ACKNOWLEDGEMENT? [ ]  No [ ]  Yes |
| Date of 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? [ ]  No [ ]  Yes | If no, then where (County/State): |
| Is there a support order for this child? [ ]  No [ ]  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 ACKNOWLEDGEMENT? [ ]  No [ ]  Yes |
| Date of 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? [ ]  No [ ]  Yes | If no, then where (County/State): |
| Is there a support order for this child? [ ]  No [ ]  Yes | If yes, date of order(Month / Day / Year) | If yes, place order entered (County / State / Tribe) |
| **Marriage Information for the Parents of the Children Listed Above** |
| Date Married (Month / Day / Year) | Place Married (County / State) |
| Date DIVORCED (Month / Day / Year) | Place DIVORCED (County / State) |
| Date SEPARATED (Month / Day / Year) | Place SEPARATED (County / State) |
| Restraining Order / Safety Concerns |
| Is there a restraining / protection order in place or do you have safety concerns for you or your children? [ ]  No [ ]  Yes |
| Public Assistance and Support Payment Information |
| Have you or the children listed above ever received public assistance from a state or Indian Tribe? [ ]  No [ ]  Yes |
| If yes, WHERE (CountIES / StateS / TribeS) | If yes, when (Months / Years) |
| If you received child support from the noncustodial parent, complete the *Declaration of Support Payments* and return it to DCS. Attach copies of all support orders. |
| Declaration |
| I agree to tell the DCS immediately, in writing, of any new or changed information that relates to collecting support from the parent responsible for paying support.I certify or declare under penalty of perjury, under the laws of the state of Washington, that the forgoing is true and correct. |
| Signed at |  | , Washington. |
|  |
| Signature | date  |
| 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 |