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|  |  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 *Child Support Referral* that live in your home.** |
| Child's Name (First / Middle / Last) | Sex | Social Security Number | Did the father sign a paternity ACKNOWLEDGMENT?[ ]  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 ACKNOWLEDGMENT?[ ]  No [ ]  Yes |
| Date of Birth (Month / Day / Year) | Place of Birth (City / County / State / Country) | TRIBAL AFFILIATION (IF ANY) |
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