|  |  |
| --- | --- |
|  |  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 |       |       |       |       |       |
|  |
| Declaration |
| 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 SUPPORTPO BOX 11520TACOMA WA 98411-5520 |