



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     |  |  |  |  |  |

|  |                |
|--|----------------|
| <b>Declaration</b>   |                |
| 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 SUPPORT  
 PO BOX 11520  
 TACOMA WA 98411-5520