Washington State
Department of Social
& Health Services

DCS Division of Child Support

Assignment of Earnings or Income from an Indian Tribe, Tribal Enterprise, or Indian-Owned Business

☐ This assignment replaces any *Assignment of Earnings or Income from an Indian Tribe, Tribal Enterprise, or Indian-Owned Business* previously served on you for my child support case.

I, _____ , social security number _____ , assign and transfer to the Division of Child Support (DCS):

1. ☐ $ _____ per _____ .

2. ☐ _____ percent of my disposable earnings, not to exceed $ _____ per month.

Begin this assignment on my next pay date. Send the money withheld from my earnings or income to DCS on the date the earnings are due me.

1. Include my case number, the date my earnings or income becomes available to me, and account number
   IN _____ on all payments and correspondence.

2. Make all payments payable to Washington State Support Registry.

3. Send all payments to: WASHINGTON STATE SUPPORT REGISTRY
   PO BOX 45868
   OLYMPIA WA 98504-5868

4. To make payments by EFT/EDI see: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm

Signed at _____ .
                                  CITY / STATE

_____   _____
DATE   RESPONSIBLE PARENT'S SIGNATURE

☐ I am not living with my current spouse. (If you are living with your current spouse, your spouse should sign and date below.)

I consent to this action.

_____   _____
DATE   RESPONSIBLE PARENT'S SPOUSE'S SIGNATURE

If you have questions, contact:
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/dcs

In reply, refer to case numbers:

FG VER: (1.1)