



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

**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 social security 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. Mail all payments to: WASHINGTON STATE SUPPORT REGISTRY
PO BOX 45868
OLYMPIA WA 98504-5868

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

TTY/TDD services available for the speech or hearing impaired.

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.

In reply, refer to:
Case #: