



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

## DCS AND TRIBE INFORMATION CHANGE NOTICE

DCS OFFICE		DCS CASE NUMBER	
INDIAN TRIBE		TRIBE CASE NUMBER	
CUSTODIAL PARENT NAME		NONCUSTODIAL PARENT NAME	
<b>INFORMATION</b>	<b>REGARDING</b>		
<input type="checkbox"/> Request	<input type="checkbox"/> Opening/Closing	<input type="checkbox"/> Location/Address Information	<input type="checkbox"/> Custodian Change
<input type="checkbox"/> Update	<input type="checkbox"/> Child Support Order	<input type="checkbox"/> Children (birth, emancipation, etc.)	<input type="checkbox"/> Name Change
<input type="checkbox"/> Response	<input type="checkbox"/> Income/Employment	<input type="checkbox"/> Reconciliation/Marriage/Divorce	<input type="checkbox"/> Direct CS Payment
	<input type="checkbox"/> Cooperation/Noncooperation	<input type="checkbox"/> Medical Coverage/Insurance	<input type="checkbox"/> Good Cause
	<input type="checkbox"/> Other:		
<b>DCS SECTION: ADDITIONAL INFORMATION</b>			
CONTACT NAME		TELEPHONE NUMBER	EFFECTIVE DATE
<b>TRIBE SECTION: ADDITIONAL INFORMATION</b>			
CONTACT NAME		TELEPHONE NUMBER	EFFECTIVE DATE
<b>DCS OR TRIBE RESPONSE</b>			
CONTACT NAME	DCS OFFICE/INDIAN TRIBE	TELEPHONE NUMBER	DATE