

**CHILD SUPPORT PROCESSES
OPTIONS FOR CANADA**

APPENDIX C

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

NOTICE OF PROPOSED CHILD SUPPORT ORDER

TO: _____ **RE:** _____

The Division of Child Support (DCS) plans to serve a notice on the responsible parent (the parent who must pay child support) named above. The notice will lead to the entry of a child support order for your case.

This order will establish both a child support amount and medical support requirement or a separate medical support requirement for the responsible parent. The order will cover the children listed below.

Names	Birth Dates	Social Security Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child support order will:

- Set the monthly child support amount the responsible parent must pay to you. DCS proposes \$ _____ per month for all the children named above. DCS used the *Washington State Child Support Schedule*, the enclosed work sheet, and the following information to set this amount.
 - _____ children under age 12 at \$ _____ per month for each child.
 - _____ children age 12 or older at \$ _____ per month for each child.
- Set the past-due child support amount the responsible parent owes to you. DCS proposes a total of \$ _____ for all the children named above. This amount covers the periods:

- Set the past-due child support amount the responsible parent owes to Washington State or another state. DCS proposes a total of \$ _____ for all the children named above. This amount covers the periods:

4. Require the responsible parent to provide health insurance for the children names on page 1 (if your children are eligible for Indian Health Services, it satisfies this requirement). The maximum insurance premium that DCS would require the responsible parent to pay \$ _____ per month.
This amount is not more than 25 percent of:
- a. _____ The amount on line 7 of the enclosed *Washington State Child Support Schedule* work sheet.
- b. _____ The responsible parent's child support obligation that a court order set at \$ _____ per month.
5. Name the responsible parent as the father of the children named on page 1. DCS based this order on either a *Paternity Affidavit* filed by the children's parents or a *Paternity Order*. DCS enclosed a copy of the affidavit or order.

YOUR RESPONSIBILITIES

You must answer this notice within 20 days from the day you receive it. If you do not, DCS may close your child support case.

If you agree with the proposal in this notice, answer by completing page 3 of this form and signing the enclosed *Washington State Child Support Schedule* work sheet that DCS completed. Return the completed page 3 and the signed *Washington State Child Support Schedule* work sheet to the address listed below.

1. By agreeing, you authorize DCS to sign a final child support order on your behalf. The final child support order may state a child support or health insurance premium amount equal to or greater than the amount in this notice.
2. DCS will tell you if the responsible parent asks for an adjudicative proceeding (hearing). If the responsible parent does so, you will be an equal party in the hearing. You may appear, testify, and question witnesses at the hearing. You also may appeal the hearing decision.
 - In a hearing, an Administrative Law Judge (ALJ) may change any amount listed in this notice. An ALJ can set child and medical support in an amount equal to or lower than the amount in this notice.

If you do not agree with this proposal, answer by completing page 3 of this form and completing the enclosed blank *Washington State Child Support Schedule* work sheet. Return the completed page 3 and the completed *Washington State Child Support Schedule* work sheet to the address listed below.

1. You must provide DCS a proposed monthly child support amount. If you do not, DCS may close your case. You must attach all documents that support the child support amount that you believe is correct.
2. If you object to the proposed monthly child support amount, DCS may try to settle the amount with you. DCS may require you to provide proof that the amount you claim is correct. If you and DCS agree on a monthly child support amount, DCS will proceed using the agreed upon amount.
3. If you cannot reach an agreement with DCS, DCS will serve a notice on the responsible parent and schedule a hearing. You may attend the hearing either in person or by telephone. If you do not attend the hearing, an ALJ will set your child support amount without your input or may dismiss your claim.

DCS will not represent you or the responsible parent in any hearing.

Date

Authorized Representative
DIVISION OF CHILD SUPPORT

If you have questions, contact:
DIVISION OF CHILD SUPPORT

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

In reply, refer to:
Case #:

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

ANSWER TO NOTICE OF PROPOSED CHILD SUPPORT ORDER

TO:

RE:

IV-D CASE #:

Before marking either box below, read pages 1 and 2 of this form thoroughly.

- a. I agree with the proposed child support or health insurance premium amount. I authorize DCS to sign the final child support order on my behalf. **(Sign and return the enclosed *Washington State Child Support Schedule* worksheet that DCS completed.)**
- b. I do not agree to the proposed child support or health insurance premium amount. **(Use the space below to tell DCS why you do not agree with the child support or health insurance premium amount DCS proposed. Be sure to list the amount that you believe is correct and explain how you computed the amount. Sign and return the enclosed *Washington State Child Support Schedule* worksheet that you complete.)**

Date _____

Signature _____

Telephone Number () _____

Best Time To Call Me _____

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.