



FERRY COUNTY
SHERIFF
POST OFFICE BOX 1099
REPUBLIC, WASHINGTON 99166-1099
(509) 775-3132 OR 800-342-4344 FAX (509) 775-2127

COURT ORDER FOR CHILD SUPPORT DECLARATION

Name of Applicant _____
Please print your full name

Date of Birth _____

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.
- _____ I am subject to a court order for the support of one of more children and I am NOT in compliance with the order or a plan approved by the District Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.

Signature of Applicant _____

Signed or attested before me on this _____ day of _____, 20_____

Notary Public in and for said County of _____, State of _____.

Notary Public Signature

My Appointment Expires _____