



COLVILLE CONFEDERATED TRIBES  
CHILD SUPPORT PROGRAM



**RECONCILIATION DECLARATION**

TO:

IV-D CASE NUMBER:

**INSTRUCTIONS**

- Enter the date the parents started living in the same household and resumed providing joint care for the children (reconciled) in the first paragraph.
- Enter the names of the children involved in the support case who are living in the household in the fourth paragraph.
- Complete the Declaration section on page 2. Both parties to the child support order must date and sign this form.
- Return the completed form to the Colville Confederated Tribes Child Support Program (CTCSP) at the address on page 2.

On \_\_\_\_\_ the two parties named below reconciled. Care for the children named below is being provided by both parties through physical care and custody.

The person obligated to pay child support (noncustodial parent) is:

The person entitled to receive child support (custodial parent) is:

The names of the children involved in the child support case who are living in the household are:

I understand that CTCSP will:

- Stop collecting current support and past-due support owed to the custodial parent.
- Continue collection any past-due support owed to a child support agency to reimburse public assistance granted.

I also understand that either party to the support order may request CTCSP to resume collection of current support or any past-due support accrued under the order.

**DECLARATION**

I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct.

Signed at \_\_\_\_\_, \_\_\_\_\_ (city and state).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTODIAL PRARENTS'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NONCUSTODIAL PARENT'S SIGNATURE

Return this completed form to:  
COLVILLE CONFEDERATED TRIBES  
CHILD SUPPORT PROGRAM  
PO BOX 468  
NESPELEM WA 99155