

**TAT Division of Child Support Enforcement
206 Main Street
P.O. Box 998
New Town, ND 58763
(701) 627-2860 FAX (701) 627-3963**

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

Filling Out This Application Form:

- Please fill out this form the best that you can.
- Please print or type all answers.
- The children you are requesting services for should have the same mother and father. If any of the Children have a different mother or a different father, please fill out a separate form.
- If you do not know or are not sure of the information, leave the space blank or write “Unsure” or “Do Not Know” in the space.
- The Custodial Parent is the person who has custody of the children listed on the application. The Non-Custodial Parent is the person who does not have custody of the children.
- The more information that you are able to give us will help us do a better job.
- You will be required to provide proof of certain information. This is listed on the Verification Checklist form that we have given to you. If you are unable to provide proof of the information, please talk with us.
- If you have any questions or need assistance in filling out this application, please talk with us. Our staff is available to assist you in completing this application form.

APPLICATION CHECKLIST

We will need the following verification and documentation in order to proceed with the processing of your application for Child Support Enforcement Services:

- Verification of Social Security Numbers for applicant and children
- Copy of the Birth Certificate for your children
- Verification of your address (rent receipt, utility bill, correspondence sent to you at this address)
- Verification of Tribal Enrollment from the Tribal Enrollment Office
- Copies of any court orders (Child Support, Divorce/Dissolution, Temporary Support, Voluntary Paternity Acknowledgements, etc.) that have already been issued
- If Family Violence is claimed, then we will need a copy of the police report, Restraining Order or Order of Protection issued by a court, or statement from two (2) witnesses attesting to the family violence.
- Copies of any receipts or proof of child support that has already been paid to you

Services Requested:

- Establishment of Paternity for the children listed on this application.
- Establishment of a child support order for the children listed on this application.
- Help in collecting the child support owed to me for the children listed on this application.
- Review of my child support order to see if the amount of support ordered may be changed.
- Help with locating the non-custodial parent of the children listed on this application.
- Help with getting health insurance for the children listed on this application.
- Do Not Know

Understanding:

The Division of Child Support Enforcement (DCSE) does not and will not represent either party in the case, but we are here to serve the best interests of the child or children listed on the application form.

The information that you provide on this form will be Confidential. The Three Affiliated Tribes Division of Child Support Enforcement will not release any of your confidential information without your written consent, unless it is permitted to do so by the Division of Child Support Enforcement policy.

Once you have completed this form, signed it and return it to our office, we will review the information that you have given on this form and the services that you are requesting. If we have any questions, we will contact you for more information.

You must notify us immediately of any changes in your address, any information that you have about the non-custodial parent, or any changes in your circumstances.

We cannot guarantee that our attempts to establish or enforce child support will be successful.

Return your completed Application to:

Division of Child Support Enforcement
P.O. Box 998
New Town, North Dakota 58763-9402

I. APPLICANT/CUSTODIAN INFORMATION

Name: _____ SSN: _____

Date of Birth: _____ Birthplace: _____ Enrolled with: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physical Address: _____

Mailing Address if different: _____

Is this address on a reservation? Yes No Reservation Name _____

Currently or ever received TANF? Yes No Where? _____

State or Tribe Name

Are you or have you been a victim of Family Violence? Yes No

If Yes, do you currently have a Restraining Order or Order of Protection? ? Yes No

(We will need verification of this.)

II. NON-CUSTODIAL PARENT (S) INFORMATION

(You are required to provide all information as follows)

Fathers Full Legal Name: _____ SSN: _____

Alias Names: _____ Date of Birth: _____ Birthplace: _____

Enrolled Tribal Member Y N Other Tribe: _____ Non-Native: Y N

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physical Address: _____

City State Zip

Mailing Address if different: _____

City State Zip

Is this address on a reservation? Yes No Reservation Name _____

Height : _____ Weight: _____ Hair Color: _____ Eye Color: _____
 Give any distinguishing features or marks that would help identify (tattoo, scar, piercing, birthmark, physical impairment, etc.) _____
 Provide the names of family members or friends who may be able to assist in locating the non-custodial parent:

Mothers Full Legal Name: _____ **SSN:** _____
Maiden Name: _____ **Date of Birth:** _____ **Birthplace:** _____
Enrolled Tribal Member Y N **Other Tribe:** _____ **Non-Native:** Y N
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____
Physical Address: _____

City State Zip
 Mailing Address if different: _____
 City State Zip

Is this address on a reservation? Yes No Reservation Name _____

Height : _____ Weight: _____ Hair Color: _____ Eye Color: _____
 Give any distinguishing features or marks that would help identify (tattoo, scar, piercing, birthmark, physical impairment, etc.) _____
 Provide the names of family members or friends who may be able to assist in locating the non-custodial parent:

III. CHILDREN INFORMATION

<u>NAME</u>	<u>SEX</u>	<u>DOB</u>	<u>SSN</u>	<u>ENROLLED</u> Tribe	<u>PATERNITY</u> Established
_____	M F	_____	_____	Y N _____	Y N
_____	M F	_____	_____	Y N _____	Y N
_____	M F	_____	_____	Y N _____	Y N
_____	M F	_____	_____	Y N _____	Y N

IV. NON-CUSTODIAL PARENT FINANCIAL INFORMATION

Is the Non-Custodial Parent currently working? Yes No
 If Yes, is the employer either the Tribe or a tribally-owned business? Yes No
 Employer Name: _____
 Employer Address; _____
 Street/City/State/Zip Code

Employer Phone Number: _____
 Hourly Pay \$ _____ Hours Per Week _____ If salaried, salary per year _____

Is health insurance available through work? Yes No

List Other Sources of Income:
 Source: _____ Amount received \$ _____ Frequency _____
 Source: _____ Amount received \$ _____ Frequency _____
 Source: _____ Amount received \$ _____ Frequency _____

School or Training: _____ Degree/Certificate _____

Vehicle: _____ Approximate Value \$ _____
Description: Make/Model/Year _____

Name on Title : _____

Bank Account: _____ Name of Financial Institution: _____
Checking/Savings _____

Other Financial Assets: _____

V. MARRIAGE AND PATERNITY INFORMATION

Were the parents of the child ever married to each other? Yes No

If Yes, Date of Marriage: _____ Place of Marriage: _____
City and State

If the parents were never married to each other, did the father sign a Paternity Affidavit?

Yes (We will need a copy of the Paternity Affidavit.) No

If parents were never married to each other, has paternity for this child(ren) already been established by either a State or Tribal Court?

Yes (We will need a copy of the order.) No

VI. COURT ORDER INFORMATION

If the parents were married, are they now divorced? Yes No

If Yes, Date of Divorce: _____ Place of Divorce: _____
City and State

Is there an order that requires the Non-Custodial Parent to pay child support for children?

Yes (We will need a copy of the order.) No

If Yes, Type of Order (Child Support, Divorce, Dissolution, Tribal, Paternity, Temporary, etc.)

Order # _____ Date Entered: _____ Place Entered: _____

Amount of Child Support Ordered: \$ _____ Frequency: _____

Where are the payments made? _____

Have you ever applied for Child Support Services for any of these children in the past?

Yes No

If Yes, name of the Agency where you applied for services _____

Date you applied for services: _____

MY UNDERSTANDING

I understand that all the information that I give is, to the best of my knowledge, true and correct and that it may be used in court.

I agree to tell the Three Affiliated Tribes Division of Child Support Enforcement of any new or changed information that relates to the information that I have already provided.

I authorize the Three Affiliated Tribes Division of Child Support Enforcement to collect child support on my behalf.

PRINT NAME

Relationship to the child (mother, father, guardian, etc.)

SIGNATURE

DATE