THREE AFFILIATED TRIBES
DIVISION of CHILD SUPPORT ENFORCEMENT

P.O. Box 998 * 691 Main Street
New Town, North Dakota 58763
(701) 627-2860 Fax (701) 627-3963

OFFICE USE ONLY
Referred by:
Walk-in _____
Website _____
TATCFS_____
WIC_____
Child Care_____
Head Start_____
TANF_____
OJ:_____

Person Requesting Services: _____ _____
Name Date of Application

Section I: Non-Custodial Parent – Person Responsible for Paying Child Support

	Last	First	Middle	Maiden
Legal Name:				
AKA:				

Social Security Number:	Date of Birth:	Present Marital Status:	Sex: ☐ Male ☐ Female
Mailing Address: City State Zip Code			
Residential Address: City State Zip Code			
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State, if known:
Race:	Affiliated Tribe(s):	Enrolled Tribal Member: ☐ Yes ☐ No ☐ Unknown	Identifying Marks:
Height:	Weight:	Eye Color:	Hair Color:
Employer Name: City State Zip Code			
Work/Fax Phone Numbers:	Income: $_____ Hour/Week/Month	Approx. Date of Employment:	Currently Incarcerated: ☐ Yes ☐ No ☐ Unknown
Currently in the Military: ☐ Yes ☐ No ☐ Unknown	Branch of Service, if applicable:	Currently Retired: ☐ Yes ☐ No ☐ Unknown	Currently Disabled: ☐ Yes ☐ No ☐ Unknown
Vehicle Information: Year/Make/Model: Color Tag Number: Tribal Tag? ☐ Yes ☐ No			
To your knowledge, has Non-Custodial Parent consulted an attorney concerning child support? ☐Yes ☐No If so, provide attorney's name, address, and phone number.			
Name, Address, and phone number of additional contact person: Relationship			
Additional information concerning Non-Custodial Parent, a friend, another address, phone number, type of job this person has worked, etc…:			

Section II: Custodial Parent – Person that should receive Child Support

	Last	First	Middle	Maiden
Legal Name:				
AKA:				
AKA:				

Social Security Number:	Date of Birth:	Present Marital Status:	Sex: ☐ Male ☐ Female
Mailing Address:	City	State	Zip Code
Residential Address:	City	State	Zip Code
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State:
Race:	Affiliated Tribe(s):	Enrolled Tribal Member: ☐ Yes ☐ No	Identifying Marks:
Employer Name:	City	State	Zip Code
Work Phone Number:	Income: $_____ Hour/Week/Month	Date of Employment:	
Currently Retired: ☐ Yes ☐ No	Currently Disabled: ☐ Yes ☐ No	Currently in the Military: ☐ Yes ☐ No	Branch of Service, if applicable:
Vehicle Information: Year/Make/Model:	Color	License Number:	ND Plates ☐ Yes ☐ No

How is Custodial Parent related to the Children?	If not biological parent, does Custodial Parent have legal custody of Children?
If married, current spouse's name:	
Name and Address of additional contact person for you:	Relationship
Has an attorney been consulted concerning the enforcement of child support? ☐ Yes ☐ No If so, provide attorney's name and address.	
Additional information concerning Custodial Parent:	

Section III: Children

Child 1:

Legal Name:	Last	First	Middle

Social Security Number:	Date of Birth:	Does this child live with you? ☐ Yes ☐ No	Sex: ☐ Male ☐ Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? ☐ Yes ☐ No	
Mailing Address:	City	State	Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	Enrolled Tribal Member: ☐ Yes ☐ No ☐ Unknown	
Is child in school? ☐ Yes ☐ No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? ☐ Yes ☐ No Father's Name:		Is Paternity in Question? ☐ Yes ☐ No Father's Name:	

Child 2:

Legal Name:	Last	First	Middle

Social Security Number:	Date of Birth:	Does this child live with you? ☐ Yes ☐ No	Sex: ☐ Male ☐ Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? ☐ Yes ☐ No	
Mailing Address:	City	State	Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	Enrolled Tribal Member: ☐ Yes ☐ No ☐ Unknown	
Is child in school? ☐ Yes ☐ No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? ☐ Yes ☐ No Father's Name:		Is Paternity in Question? ☐ Yes ☐ No Father's Name:	

Section IV: Children continued

Child 3:

Legal Name:	Last	First	Middle

Social Security Number:	Date of Birth:	Does this child live with you? ☐ Yes ☐ No	Sex: ☐ Male ☐ Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? ☐ Yes ☐ No	
Mailing Address:	City	State	Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	Enrolled Tribal Member: ☐ Yes ☐ No ☐ Unknown	
Is child in school? ☐ Yes ☐ No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? ☐ Yes ☐ No Father's Name:		Is Paternity in Question? ☐ Yes ☐ No Father's Name:	

Child 4:

Legal Name:	Last	First	Middle

Social Security Number:	Date of Birth:	Does this child live with you? ☐ Yes ☐ No	Sex: ☐ Male ☐ Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? ☐ Yes ☐ No	
Mailing Address:	City	State	Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	Enrolled Tribal Member: ☐ Yes ☐ No ☐ Unknown	
Is child in school? ☐ Yes ☐ No	Current Grade:	Name of School, address of school, and phone number of school:	
Is the father's name on the birth certificate? ☐ Yes ☐ No Father's Name:		Is Paternity in Question? ☐ Yes ☐ No Father's Name:	

Section V: Domestic Violence

Have you or your children ever experienced any type of abuse during this relationship? ☐ Yes ☐ No

Type: ☐ Physical ☐ Verbal ☐ Sexual

Has a Protective Order ever been issued against you or the NCP? ☐ Yes ☐ No	If so, when and where?

Do you feel that you or the children are at risk of physical harm at this time? ☐ Yes ☐ No

Do you feel that you or the children may become at risk of physical harm at some point in the future? ☐ Yes ☐ No

Section VI: Tribal/State TANF Information

Are you or your children currently receiving TANF? ☐ Yes/State ☐ Yes/Tribal ☐ No If yes, beginning date:	Have you or your children ever received TANF? ☐ Yes/State ☐ Yes/Tribal ☐ No If yes, beginning/ending date:

If yes, case manager's name and location:

Are you or your children currently receiving any other type of Tribal or State Assistance? ☐ Yes ☐ No If yes, what type and where?

Section VII: Court Information

The following section pertains to all court documents and information concerning an existing child support case. Please provide as much information as possible or information you may feel is relevant to child support. Attach all copies of Child Support Orders, Divorce Decree, Child Custody Orders, Paternity Orders, Domestic Violence, etc.

Have you appeared in court for the following:

☐ Child support ☐ Legal paternity ☐ Divorce ☐ Child custody ☐ Domestic violence ☐ Modification of an existing order

If so, what court and when?

Has child support been ordered? ☐ Yes ☐ No If so, what court ordered support?

Amount of monthly support: $

Has a judgment been entered for past due support? ☐ Yes ☐ No If so, what court entered judgment?

Judgment amount: $

Has a modification ever taken place? ☐ Yes ☐ No If so, where?

Is there any legal action presently pending concerning the children in this case? ☐ Yes ☐ No If so, please explain.

Are the children currently, or have they been in the past, in the custody of Indian Child Welfare (ICW) or State Child Welfare?

☐ Yes ☐ No If so, give details.

What was the relationship between the father and the mother of the children? ☐ Never married ☐ Married/living apart ☐ Divorced	List the months and years lived together with beginning and ending dates:

If Married: Date of Marriage City County State

Section VIII: Custodial Parent Affidavit of Child Support Received

☐ I **have not received** any child support payments from the non-custodial parent.

☐ I **have received** child support payments from the non-custodial parent. These payments were made directly to me. These payments were not collected through a Tribal or State Child Support Agency. These payments were made for the following children:

1._____ 4._____

2._____ 5._____

3._____ 6._____

	Year	Year	Year	Year	Year	Year	Year	Year
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Signature of Custodial Parent:_____Date:_____

***OFFICE PERSONNEL ONLY* - Case Initiation:**

N.C.P. Client No._____ C.P. Client No. _____

Child 1 Client No._____ Child 2 Client No._____ Child 3 Client No._____

Child 4 Client No._____ Child 5 Client No._____ Child 6 Client No._____

***OFFICE PERSONNEL ONLY* - ONFGN & Case No:**

NCP ONFGN: _____ CP Case No. _____ Active: ☐Yes ☐No

☐Pending

Intake interview conducted by: _____ Date: _____

(Signature)

Section IX: Custodial Parent Statement of Understanding

I understand the Three Affiliated Tribes Division of Child Support Enforcement (TAT DCSE) is here to act in the interest of children's rights and to use all of its resources to ensure parents financially support their children. I understand the information I provide will be kept from the general public but may be used as needed to collect support from the obligor. I authorize the release of any necessary information to law enforcement officers, public officials, courts or others to assist me in collecting child support or medical support. I authorize the TAT DCSE to make any necessary investigation or request to verify the information I have given.

I understand TAT DCSE attorneys or child support staff does not represent me.

I agree to complete necessary forms and affidavits as requested, provide DNA if requested and attend court to provide testimony.

I understand TAT DCSE will notify me in writing if a case has been identified as a potential conflict case. Conflict cases involve but are not limited to a mother, father, step mother, step father, brother, sister, step brother, step sister, son, daughter, step son, step daughter, half brother, half sister, ex-spouse, in-laws, and acquaintance. You, as a Custodial Parent will be given 10 days to respond. Cases of this nature will then automatically be assigned to another case worker unless otherwise directed within the 10 working days.

I agree to cooperate fully with TAT DCSE, law enforcement officers and the court. I will notify TAT DCSE of an address change either for myself or for the non-custodial parent. I agree to provide information requested to assist in locating and collecting child support from the non-custodial parent.

I understand TAT DCSE cannot guarantee that it can determine who the biological father of my child is or collect the money from the obligor.

I understand TAT DCSE cannot help with issues such as custody and property settlements. I agree to notify TAT DCSE of all private attorneys hired to collect or modify child support or spousal support for myself.

I understand that my case will be closed if I do not notify TAT DCSE of direct payments.

I understand it is law that TAT DCSE will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be paid to the tribe or state for any TANF/AFDC paid to my children or me in the past.

I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with TAT DCSE, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

In accordance with §309.65(a)(2) and PIQ-07-02, Three Affiliated Tribes will automatically submit arrearages owed in a TAT DCSE case for federal tax offset refund in accordance with the memorandum of understanding.

****Sign in front of Notary.**

Applicant's signature: _____ Date: _____

Signature of Parent/Legal Guardian of Applicant, if not of legal age: _____

State of North Dakota)
) ss.
County of _____)

The foregoing instrument was executed before me this ____ day of _____, 20____.

_____
Notary Public
Commission Number: _____
My Commission Expires: _____

The following documents must be attached to this Application:

- ☐ Copies of state-issued birth certificates for all children
- ☐ Copies of Enrollment cards for Applicant and children
- ☐ Copies of social security cards for Applicant and children
- ☐ Copies of all court orders, Divorce Decree, Paternity Affidavits, etc.
- ☐ Copy of Applicant's driver's license

REQUEST TO TRANSFER CASE

*This form **MUST** be signed before a Notary Public or Clerk of the Court.*

Date: _____

NCP: _____

FGN: _____

I, _____, hereby request that my child support case be transferred to Three Affiliated Tribes Division of Child Support Enforcement and understand that no further action will be taken by the North Dakota Regional Child Support Enforcement Units. This request is being made for the following reason(s):

_____

_____

_____

Please forward the above file to:

Three Affiliated Tribes Division of Child Support Enforcement
P.O. Box 998
New Town, ND 58763
(701) 627-2860

SIGNATURE: _____ DATE: _____

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State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this ____ day of _____, 20_____.

_____
Notary Public or Clerk of the Court
Commission Number: _____
My commission expires: _____

(SEAL)

MHA NATION
CHILD SUPPORT SERVICES
P.O. Box 998 * 691 Main Street
New Town, North Dakota 58763
(701) 627-2860 Fax (701) 627-3963

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator bearing this release, or a copy thereof, within one year of its date, to obtain any information relating to my activities from schools; credit bureaus; residential management agents; employers; criminal justice agencies or individuals. This information may include and is not limited to, academic; residential; achievement; performance; attendance; personal history; disciplinary; arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians; from any and all liability for damages of whatever kind of nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Date: _____/_____/_____

Signature (full name): _____

Full name (printed): _____
Aliases:_____
(include any married names, nicknames and/or maiden names)

Social Security number: _____-_____-_____ **Date of Birth:** _____/_____/_____

Current address: _____

Telephone number: (_____)_____-_____

The request of your Social Security number is a means to uniquely identify your application records within our tribal files. By providing an accurate Social Security number and full name you assure the accomplishment of application process.

FINANCIAL AFFIDAVIT

Name: _____ **DOB:** _____ **SSN:** _____

Mailing Address: _____

Physical Address: _____

Phone No: _____ **Cell No:** _____

Employer: _____ **How Long:** _____ **Work Phone:** _____

Employer Address _____ **Occupation:** _____

Wages: $ _____ **Per hour ( ) Week ( ) Month ( ) Year ( ) Unemployed?** ____

Last Known Employer: _____ **Term Date:** _____

Daycare: Private: Yes___ No___ DHS: Yes___ No___ Tribal: Yes___ No___ Full time ____ Partime ___

Monthly Payment _____ **List Children w/Daycare:** _____

_____

Are children covered under your Medical Insurance Policy? Yes ___ No ____

Insurance Co: _____ **Insurance Phone:** _____

Address: _____ **Policy No.:** _____

Actual Amount of Insurance Premium for child(ren) of this action: Wkly $ ____ Bi-Wkly: $ _____ Monthly: $_____

Are child(ren) covered by Indian Health Service: Yes___ No ___ List Dependants names and ages, of this action, listed on policy: _____

_____

Do you have biological children in the home older than the children of this case? Yes ____ No ____ How many? _____

Names/Dates of Birth: _____

_____

Amount of child support actually paid to children NOT of this action: $ _____ Paid to Whom? _____

Spousal maintenance received: $ _____ Child support received: $ _____ Other monies received: $_____

Do you have a License? Yes ____ No ___ Lic Number/ State: _____

Technical License – What type? _____ Number: _____

Do you receive a Per Capita? ___ Yes ____ No From what Tribe/Agency: _____

Do you have an IIM Account? ___Yes ____No From what Tribe/Agency: _____

Comments:

ATTACH LAST TWO COPIES OF RECENT PAYROLL STUBS TO THIS FORM.

_____ _____

Signature **Date**

State of _____

County of _____

I certify that _____ signed this affidavit before me on this _____day of _____, 20____.

_____ My Commission Expires: _____

Notary Public