



Colville Tribal Child Support Program
APPLICATION FOR CHILD SUPPORT SERVICES



OFFICE USE ONLY:

Date requested: _____

Date received: _____

PLEASE PRINT WITH BLUE OR BLACK INK

Please mark all that apply:

- ☐ This is my first application with the Colville Tribal Child Support Program.
- ☐ I am or the child(ren) are receiving assistance from the State of Washington or Tribal TANF.
- ☐ I am reopening my case with the Colville Tribal Child Support Program.

I. CUSTODIAL OR LEGAL GUARDIAN: This section is about the person with whom the child(ren) actually lives.

Full legal name: Last		First	Middle	Maiden/ Nick Name
Date of Birth:	Social Security Number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:	Tribal Affiliation:		Enrollment#	
What is the relationship of the child(ren) to the custodial parent/legal guardian?			Who has legal custody?	
Mailing address:		City	State	Zip code
Physical address:		City	State	Zip code
County of residence:	Home phone number	Cell phone number	Message number	

EMPLOYMENT INFORMATION

Employer name and phone number	Address (including city, state, zip code)
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DOMESTIC VIOLENCE INFORMATION

Have you or the child(ren) of this application experience any type of abuse from the non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional	
Has the non-custodial parent had a protective order against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what court issued the order? _____ Date: _____	
Do you believe that you or the child(ren) may be at risk of emotional or physical harm if the other parents knows where to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you want a Family Violence Non-Disclosure Statement to complete and return to this office? <input type="checkbox"/> Yes <input type="checkbox"/> No If you decide not to fill out the statement at this time, you may request one at a later date.	

II. BIOLOGICAL PARENT INFORMATION:

A. INFORMATION ABOUT THE FATHER or the person who may be the father of the child(ren).

Custodial Parent ☐ Yes ☐ No

Full legal name:		Last	First	Middle	Nick Name
Date of Birth:	Place of Birth (city, state):		Social Security Number:		
Race:	Tribal Affiliation:		Enrollment #		
Height:	Eye color:	Hair color:		Distinguishing Marks	
Mailing Address:			City	State	Zip Code
Physical Address:			City	State	Zip Code
Home phone number:	Cell phone/ pager number:		Message number/ Relationship		
Is the father currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, with whom? Relationship		
Has father ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when? Where? (city, state)		

List Information about the Father's vehicle:

Year:	Make:	Model:	Color:	License Number:	State
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Military services information:

Is the father in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Is the father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide additional information about the Father's parents/relative/friend:

Mother's name:			Last	First	Middle	Phone number:
Address:			City	State	Zip Code	
Father's name:			Last	First	Middle	Phone number:
Address:			City	State	Zip Code	
Relative/friend's name:			Last	First	Middle	Phone number:
Address:			City	State	Zip Code	

LIST BELOW ANY KNOWN EMPLOYMENT for the Father beginning with the most recent.

Name of company and phone number	Address including city /state/ zip code	From mo/yr	To mo/yr	Occupation	Hours per week	Hourly Income

B. INFORMATION ABOUT THE MOTHER Custodial Parent ☐ Yes ☐ No

Full legal name: Last First Middle			Maiden/ Nick Name
Date of Birth:	Place of Birth (city, state):	Social Security Number:	
Race:	Tribal Affiliation:	Enrollment #	
Height:	Eye Color: Hair Color:	Distinguishing Marks	
Mailing address:		City	State Zip Code
Physical address:		City	State Zip Code
Home phone number:	Cell phone/pager number:	Message number/ Relationship	
Is the mother currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with whom? Relationship		
Has mother ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? Where? (city, state)		

List Information about the mother's vehicle:

Year:	Make:	Model:	Color:	License Number:	State
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Military Service Information:

Is the mother in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Is the mother enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide additional information about the Mother's parents/relative/friends:

Mother's name: Last First Middle	Phone number:
Address: City State	Zip Code
Father's Name: Last First Middle	Phone number:
Address: City State	Zip Code
Relative/friend's name: Last First Middle	Phone number:
Address: City State	Zip Code

LIST BELOW ANY KNOWN EMPLOYMENT, for the mother beginning with the most recent.

Name of Company and Phone Number	Address including (city/state/ zip code)	From Mo/yr	To Mo/yr	Occupation	Hours Per Week	Hourly Income

III. INFORMATION ABOUT THE CHILD(REN).

Please list only children with the same Mother and Father.

CHILD 1

Is this child receiving TANF, Medicaid and/or medical benefits? ☐ Yes ☐ No If yes, where:

Full legal name child: Last First Middle			Social Security Number:	
Date of Birth:		City of Birth		State of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Tribal Affiliation		Enrollment #
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
School address: City State Zip code			Graduation Year:	
Will the Father name anyone else as a possible father of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who ? Last name First name		

CHILD 2

Is this child receiving TANF, Medicaid and/or medical benefits? ☐ Yes ☐ No If yes, where:

Full legal name child: Last First Middle			Social Security Number:	
Date of Birth:		City of Birth		State of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Tribal Affiliation		Enrollment #
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
School address: City State Zip code			Graduation Year:	
Will the Father name anyone else as a possible father of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who ? Last name First name		

CHILD 3

Is this child receiving TANF, Medicaid and/or medical benefits? ☐ Yes ☐ No If yes, where:

Full legal name child: Last First Middle			Social Security Number:	
Date of Birth:		City of Birth		State of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Tribal Affiliation		Enrollment #
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:
School address: City State Zip code			Graduation Year:	
Will the Father name anyone else as a possible father of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who ? Last name First name		

IV. INFORMATION ABOUT CHILD SUPPORT OBLIGATION.

The relationship between the Mother and Father of the child(ren): (check all that apply) <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived Together		
Date of separation:	Date of living apart:	Date of Decree of Divorce:
Date of marriage:	City/County:	State:

Have you ever appeared in any court regarding the above child(ren)? If yes, check all boxes that apply.

- ☐ Paternity Establishment ☐ Child Support ☐ Divorce/legal separation
☐ Child Custody ☐ Legal Guardianship ☐ Domestic violence

If yes, where did you appear (court, city/state) _____

Please complete portions A and B to the best of your knowledge. If you need assistance completing any of these portions, please call the CTCSP offices for assistance.

A. COURT ORDER INFORMATION. (Attach copies of your divorce decree, paternity order, custody order, legal guardianship or any tribal/state order related to the parties.)

Date of Order:	Court Case Number:	Name of Court: State/Tribe)
City/State:	County:	
If child support was ordered, how much was it?	Per week, bi-weekly or per month?	
If a private attorney was consulted for this order, please provide Attorney's address/ telephone number		
Name of attorney currently working on your case	Attorney's address/ telephone number	

B. PENDING COURT ORDERS. (please attach copy)

Is there any legal action that affects the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child(ren) in Indian Child Welfare (ICW) or DHW custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date child(ren) placed in ICWA/DHW custody:	If child(ren) in ICW/DHW care, what tribe or state/county?
Date of filing:	Court case number:
Name of Court:	Tribe/State/County
If child support has been ordered, how much is the non-custodial parent ordered to pay?	How often?
If a private attorney was consulted for this order, please provide Attorney's address/telephone number	
Name of attorney currently working on your case	Attorney's address/telephone number:

V. REFERRAL SECTION:

How were you referred to the Colville Tribal Child Support Program (CTCSP)?
<input type="checkbox"/> Court <input type="checkbox"/> TANF <input type="checkbox"/> Tribal Social Services <input type="checkbox"/> Other Tribal Agency (Specify) _____ <input type="checkbox"/> Friends/ Family Member <input type="checkbox"/> State Child Support Program <input type="checkbox"/> Brochure/pamphlet <input type="checkbox"/> Other (Specify) _____

VI. At the time CTCSP is able to enforce a child support order, please indicate how you would like to receive your child support payments:

- ☐ Bank Account Direct Deposit ☐ Or ☐ Debt Card

VII. COMMENTS: Please provide additional information that you feel could assist CTCSP in enforcing our child support order by writing on the back side of this paper.

VII. NOTARIZED AFFIDAVIT OF CHILD SUPPORT RECEIVED (directly paid to you). If you receive payments directly from different fathers use a separate form for each father.

1. If you have not received any child support payments from the Non-Custodial Parent, please complete section A only.
 2. If you have received child support from the non-custodial parent, complete sections A and B. Start with the most recent year you received child support or were given a judgment and work backward.
- Section A:

I, _____, state the following to be records of any/all direct payments from _____.

- ☐ 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 and not through any Child Support Receiving Program, for the following children:

Child's Name	Date of Birth

Section B: INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT
* Indicate by an (x) anytime children were not in your care for 30 days or more.

	20	20	20	20	20	20	20	20	20
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

Applicant's signature: _____

Date: _____

 _____

I understand that I must request case closure from Washington State Division of Child Support in accordance with 45 CFR 303.11(b)(9) in order for my case to be transferred to the Colville Tribal Child Support Program.

By Signing Below I authorize, by request, the Washington State Division of Child Support to close IV-D Case # _____.

Signature

Date

REMINDERS:

- Did you read, sign and notarize the application:
- - Affidavit of Direct Payments? ☐ Yes ☐ No
 - Statement of Understanding? ☐ Yes ☐ No
- Did you attach copies of state issued birth certificates for all children? ☐ Yes ☐ No
- Did you attach copies of CIB for all children? ☐ Yes ☐ No
- Did you attach copies of Social Security card(s) for all parties in the case? ☐ Yes ☐ No
- Did you attach copies of court orders, Divorce Decree, Affidavit(s) Acknowledging Paternity?
☐ Yes ☐ No
- Do you have any questions about the application?
If yes, please call **1-877-515-25448 or (509)634-2030.**

Send original application to:

**Colville Tribal Child Support Program
Post Office Box 468
Nespelem, Washington 99155**

Would you like to visit our office?

Colville Tribal Child Support Program
11 Lakes Street – Colville Indian Agency Campus
Nespelem, Washington 99155

Colville Tribal Child Support Program
630 South Benton
Omak, Washington 98841

Would you like to know more information about the Colville Tribes?

Please visit our website at www.colvilletribes.com

IX. STATEMENT OF UNDERSTANDING (Custodial Parent/ Legal Guardian):

1. I understand that the Colville Tribal Child Support Program (CTCSP) is here to act in the public interest to protect children's rights, the Tribe, the taxpayers, and to make sure that parents financially support their children. I understand that the responsibilities of the child support program do not allow CTCSP staff to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent.

I give CTCSP permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child or medical support.
2. I understand that CTCSP ensures that all personal information provided to CTCSP such as addresses, telephone numbers, employers names, etc., shall remain confidential. No personal information will be shared between the custodial and non-custodial parents without written consent.
3. I understand that CTCSP attorneys or child support staff do not represent me. I have the option to hire an attorney at my own expense. At the time of obtaining a private attorney, CTCSP will no longer correspond with me directly; ONLY my attorney will have direct contact with CTCSP.
4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with CTCSP, law enforcement offices and the court. I will notify CTCSP of my new address in writing every time I move.
5. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or prove who is the biological father of the child(ren). This includes any information that I know about or any documentation that I may have.
6. I understand CTCSP cannot guarantee that it can determine who the biological father of the child is, collect money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that CTCSP cannot help with issues such as custody and property settlements. I agree to tell CTCSP if I hire a private attorney to collect or modify child support or spousal support for me.
7. I agree CTCSP will decide on the best way to collect the child support. This will include taking the overdue support for federal and state tax refunds that are due to the NCP. I understand that money collected from federal or state tax intercept will be applied to monies owed to the custodial parent, then to the state for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that CTCSP or the state agency will hold the intercept for up to six months. I agree that if the NCP's current spouse files an Injured Spouse Claim for his/her portion of the tax refund collection, I will return that portion to CTCSP.
8. I agree that starting with the date of my application all money paid for child support will go through Washington State Support Registry. I give CTCSP the authority to endorse child support checks made out to me. I understand that if I do not notify CTCSP of direct payments or turn in child support paid directly to me, my case will be closed.
9. I understand if I keep child support payments to which I am not entitled because the NCP paid me directly for support assigned to the Tribe or state or because payments were sent to me in error, CTCSP will recover the overpayments from me. I understand CTCSP shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my tax refund or Colville Tribal Per Capita.

10. I understand that it is law that CTCSP 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 applied to child support arrears owed to me and then will be paid to the Tribe, then to the state for any TANF/ AFDC paid to my children or me in the past.

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

Applicant's signature: _____

Date: _____

STATE OF _____

COUNTY OF: _____

I verify that the above named person signed this affidavit before me on this _____ day of _____, 20____.

Notary Public

My Commission expires: _____ Residing at: _____

IX. STATEMENT OF UNDERSTANDING (Alleged father):

1. I understand the Colville Tribal Child Support Program (CTCSP) is here to act in the public interest to protect children's rights, the Tribe, the taxpayers, and to make sure that parents financially support their children. I understand that the responsibilities of the Child Support Program do not allow CTCSP staff to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent.

I give CTCSP permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child or medical support.
2. I understand that CTCSP ensures that all personal information provided to CTCSP such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the custodial and non-custodial parents without written consent.
3. I understand that CTCSP attorney or child support staff do not represent me. I have the option to hire an attorney at my own expense. At the time of obtaining a private attorney, CTCSP will no longer correspond with me directly; ONLY my attorney will have direct contact with the CTCSP.
4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with CTCSP, law enforcement offices and the court. I will notify CTCSP of my new address in writing every time I move.
5. I understand that if a petition to establish paternity is filed and if I am determined to be the child's father, a judgment of paternity will be entered by the court. A judgment of paternity would legally designate the child as my child; grant me parental rights, create the right of inheritance for the child; obligate me to pay child support until the child reaches the age of eighteen (18), or until the child graduates from high school or it is equivalent up to the age of nineteen (19), and that my failure to pay child support could be punishable by contempt of court.
6. I understand that if a paternity petition is filed, that I can request genetic testing, which will indicate the probability that I am or that I am not the father of the child. The Court will order genetic testing on a request by me, a designated Tribal Agency, or any other party and any person who refuses to comply with court-ordered genetic testing may be punished for contempt of court.
7. I understand that the petitioner has the burden of proving by clear and convincing evidence that I am the father. If a genetic test shows that I am not excluded as the father and that the statistical probability my being the father is ninety-five percent (95%) or, higher, that I am rebuttable presumed to be the father.
8. I understand that the following defenses are available to me: (a) that I was sterile or impotent at the time of conception; (b) that I did not have sexual intercourse with the mother of the child during the conception period; (c) that another man did have sexual intercourse with the mother of the child during the conception period; or (d) any other defenses allowed pursuant to the Colville Tribal Code.
9. I understand that if a paternity petition is filed and if I fail to appear at any stage of the proceedings, including a scheduled genetic test, the Court may enter a default judgment finding me the father. A default judgment will take effect twenty (20) days after it is served on or mailed to me by certified mail return receipt requested, unless within those twenty (20) days I present myself to the Court and establish good cause for my failure to appear or present myself for genetic testing.

10. I understand that if a paternity petition is filed and I am served with a copy of the paternity petition and summons that the summons will tell me how to defend myself in the lawsuit.
11. I understand that if I am determined to be the father that CTCSP will file a subsequent petition to establish a child support obligation in accordance with Colville Tribes Law & Order Code and Guidelines.
12. I understand that if I am determined to be the father and a subsequent petition to establish a child support obligation is filed that I will be served with a copy of the petition and summons which will direct me how to respond to the petition for child support.
13. I understand that if I am determined to be the father and a subsequent petition to establish my parental rights and to grant me custody and/or visitation with the child.
14. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with CTCSP, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

Applicant's signature: _____

Date: _____

STATE OF: _____

COUNTY OF: _____

I verify that the above named person signed this affidavit before me on this ____ day of _____, 20____

Notary Public:

My Commission Expires: _____ Residing at: _____



Colville Tribal Child Support Program
SUPPLEMENTAL APPLICATION FOR
FEDERAL TAX REFUND OFFSET



OFFICE USE ONLY:

Date requested: _____ Date received: _____

I understand that, by applying for services from the Colville Tribal Child Support Program, I am also applying for State IV-D services for purposes of submitting arrearages for Federal Refund Offset.

I further understand that the Colville Tribal Child Support Program can seek Federal tax refund offset monies as the Colville Tribes has entered into a cooperative agreement with the State to submit arrearages owed in Tribal IV-D cases for Federal tax refund offset.

I further understand that a cooperative agreement is entered into with the State, Colville Tribal Child Support Program will comply with all safeguarding requirements with respect to Federal Tax refund offset and that there will be no release of IRS information outside of the IV-D program.

Applicant's signature: _____

Date: _____

STATE OF: _____
COUNTY OF: _____

I verify that the above named person signed this affidavit before me on this _____ day of _____, 20____.

Notary Public:

My Commission Expires _____ Residing at _____