

**TAT Division of Child Support Enforcement
22 Minne Tohe Drive
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
- ☐ 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.

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.

I. SAFEGUARDING YOUR CASE INFORMATION

All personal information collected and maintained by the Division of Child Support Enforcement (TAT DCSE) both in our case files and computer records, is considered confidential. TAT DCSE, however, is required by law to share your information with other authorized state, tribal, or federal agencies for authorized purposes. If you have safety concerns due to family/domestic violence, but still want TAT DCSE to collect and enforce for your child, TAT DCSE can place a **“FAMILY VIOLENCE INDICATOR”** in your case records. This will prevent your personal information from being released unless a court orders the release of the information. This allows the court to take appropriate measures to safeguard your address information.

Please check the box that applies to your situation

☐ I do not have reason to believe that I or my children would be in danger of physical or emotional harm if this information is released.

☐ **Domestic/Family violence is an issue in my case. I request TAT DCSE safeguard my case information by placing a Family Violence Indicator on my case record. TAT DCSE can not guarantee the information will remain confidential, but will make every effort to safeguard my information.**

II. FEDERAL OFFSET NOTICE

Federal law allows TAT DCSE to submit arrears information to the State of North Dakota to intercept tax refunds to pay past-due support. If the noncustodial parent owes past-due support that meets the rules for tax refund intercept, TAT DCSE notifies North Dakota to submit past-due information to the Internal Revenue Service to withhold up to the past-due amount from the noncustodial parent's refund. The Internal Revenue Service may hold the tax refund intercept for six months if the noncustodial parent filed a joint income tax return, and the noncustodial parent's spouse did not claim his/her portion of the refund before the intercept occurred. The IRS may adjust the amount of the tax refund. If the custodian received a payment from an income tax refund that is later adjusted, (s)he may have to return some or all of the money. For support payments collected from sources other than federal income tax refund intercept, the amount due for the current month (known as current support) is paid first. After current support is paid for the month, payments are applied to past-due support (arrearages).

III. APPLICANT'S CERTIFICATION OF UNDERSTANDING

By signing this application, I am saying that I understand the application permits the Division of Child Support Enforcement to take legal action to establish, enforce, and/or review or modify child support on behalf of the children named within the Application. I further understand that the Non-Custodial Parent will be held financially responsible for child support that is based on his or her ability to pay.

IV. 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 _____

V. NON-CUSTODIAL PARENT (S) INFORMATION (You are required to provide all information as follows)

Applicant 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:

VI. 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

VII. 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

School or Training: _____ Degree/Certificate _____

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

Name on Title: _____

OIL & GAS ROYALTIES: _____

Approximate monthly sum \$ _____

Source of Information as to receipt of oil royalties: _____

VIII. 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

IX. 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



**Three Affiliated Tribes Division of Child Support Enforcement
Contact Information Update
Release of Information Authorization**

TATDCSE Case #-_____ **CV#**_____

First Name	Middle Name	Last Name
Address:		SSN:
City:		DOB:
State:	Zip:	Phone:
Alternate Contact Info:		

Employer:		Position:
Address:		Hours:
City:		Supervisor:
State:	Zip:	Phone:

Are you receiving assistance with: ☐ General Assistance ☐ Vocational Rehabilitation ☐ 477
☐ TERO ☐ Higher Education ☐ Commodities ☐ TANF

PLEASE READ

By Signing below, I authorize the TAT DCSE to establish and enforce child support on my child (s) behalf. This authorization will remain in effect unless and until I notify the TAT DCSE in writing or through a valid court order.

I authorize the TAT DCSE to release, exchange, and provide information that may be confidential, to other persons or organizations that may or may not have or obey the same obligations to protect privacy as under Fort Berthold tribal law. I authorize my employers, past and present, to release confidential information personnel information to TAT DCSE. This information will include, but is not limited, to my wage history, hours worked, and copies of my most recent paychecks. This authorization will remain in effect unless and until I notify TAT DCSE in writing.

Signed At:	Date:
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Printed Name:	Signature:
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