

# CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM

31 Agency Square  
Box Elder, MT 59521

Phone: (406) 395-4176/4148 Fax: (406) 395-4956

<http://www.cctsp.org>

*“Strengthening our families through tribal collaboration”*

## APPLICATION FOR CHILD SUPPORT SERVICES CHECKLIST

- Application for Child Support Services – Signature Required
- Copy of **applicant’s** social security card Comments  
(if any): \_\_\_\_\_
- Copy of **applicant’s official** birth certificate Comments  
(if any): \_\_\_\_\_
- Copy of **child(ren)’s** social security card(s) Comments  
(if any): \_\_\_\_\_
- Copy of **child(ren)’s official** birth certificate Comments  
(if any): \_\_\_\_\_
- Acknowledgments of Paternity, if applicable Comments  
(if any): \_\_\_\_\_
- Certified copy of your support order and all modifications
- Affidavit of Support Received or Paid - Signature must be notarized
- Authorization to Act - Signature must be notarized
- Enrollment Verification of all parties Comments (if any): \_\_\_\_\_  
(Only if enrolled with a Federally Recognized Tribe)
- Authorization for Release of Information - Signature must be notarized

### FOR OFFICE USE ONLY

Custodial Parent: \_\_\_\_\_ Non-Custodial Parent: \_\_\_\_\_

**Date of receipt:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Case Type:** [ ] IV-A [ ] Non-IV-A [ ] IV-E [ ] Transfer [ ] DV [ ] Medicaid [ ] Other: \_\_\_\_\_  
**Services requested:**       Establish Paternity       Review Support Order       Enforce (Collect) Child Support  
                                  Establish Child Support Order       Establish Medical Support Order       Locate absent parent

As an authorized representative of the Chippewa Cree Tribe I have determined GOOD CAUSE [ ] EXISTS-DO NOT PURSUE [ ] DOES NOT EXIST-PURSUE  
Does this case involve a possible domestic violence situation that requires the suppression of the applicant’s address? [ ] Yes [ ] No

**Date of Completion:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Title IV-D Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **YOUR RESPONSIBILITIES**

1. You must keep the CCT CSP informed of any change in your address, phone number, employment, or marital status. You must also provide updated information about other participants in the case.
2. You must promptly inform the CCT CSP of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services the CCT CSP is providing.
3. You must forward any information that adds to, differs from, or contradicts information in the Child Support case so that it may be considered.
4. You must provide certified copies of all orders concerning your case. This includes actions that occur after Child Support services begin.
5. You must immediately forward any support payment you receive that has not been issued by the CCT CSP (or any payment you are required to make) to the CCT CSP.
  - (a) You may be liable if the CCT CSP takes an enforcement action because you failed to timely forward a payment.
  - (b) Credit may not be given unless payments are made through the CCT CSP.
  - (c) Send all child support payments to:

**Chippewa Cree Child Support Program  
PO Box 83  
31 Agency Square  
Box Elder, MT 59521**

**CHIPPEWA CREE TRIBE  
CHILD SUPPORT PROGRAM**

Application For Child Support Services

*Please print or type all information*

**FEES AND SERVICES**

**PART A**

The Chippewa Cree Tribe Child Support Program (CCT CSP) is does not charge an application fee to individuals applying for child support services. There are other fees that the Child Support Program may require you to pay such as paternity testing fees.

Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support. Whenever there are changes in the information, please send copies to the CCT CSP.

I understand the CCT CSP will provide complete child support services.

I also request modification of the child support order.

I am the  Mother  Father  Other

Do you have a disability?  Yes  No

If yes, describe: \_\_\_\_\_

Does your child have a disability?  Yes  No

If yes, describe: \_\_\_\_\_

I am applying to receive child support from the  Mother  Father  Both

I understand that by submitting this application to the Chippewa Cree Tribe Child Support Program (CCT CSP), I am requesting child support services under Title IV-D of the Social Security Act.

**I declare that the information provided in this application is true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

If you have a disability and need access this information in an alternative format, or need it translated to another language, please contact the Chippewa Cree Tribe Child Support Program at 406.395.4176.

The CCT CSP Attorney does not represent either party but rather represents the CCT CSP's interest in establishing and enforcing a support order.  
**If you are NOT the mother or father, you must complete Part B before continuing to the next page. If you are the mother or father, go directly to Part C.**

**NON-PARENT APPLICANT INFORMATION****PART B****\*\*PLEASE ONLY FILL OUT THIS SECTION IF YOU ARE NEITHER THE MOTHER OR THE FATHER/ALLEGED FATHER\*\***

Legal Name: <i>(First, middle, last)</i>		
Your relationship to the child(ren):		
Social Security Number:	Date of Birth:	Race:
Mailing Address:		City, State, Zip Code:
Home Phone:	Work Phone:	
Message/Other:	E-Mail Address:	
Are you a member of a federal recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe?	
Do you have a document or order giving you custody or the right to collect support for the child(ren) from either of the parents? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, you must attach copies of any applicable orders.</b>		

**INSTRUCTIONS**

Respond to all questions in this application as completely as possible. Although it may seem that many do not apply to your situation, please realize that child support cases are complex and enduring. Information you provide will be used now and over the lifetime of your case. Your responses help the CCT CSP to locate parties, to determine jurisdiction, to calculate the amount of support due and to determine to whom it is owed, and to establish orders when necessary. As a basis for these services, the same questions are asked about both the mother and father.

**ORDER AND MARITAL INFORMATION****ABOUT THE PARENTS OF THE CHILD(REN)****PART C**

<b>Attach certified copies of all orders and modifications.</b> A certified copy bears an original stamp by the clerk of court for the county that filed the order. A photocopy of a certified copy is not acceptable.	
<b>Marital Information:</b> Were the parents married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage:
City, county and state of marriage:	
Did the parents hold themselves out as husband and wife? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the parents ever file joint tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which years?  What states?
<b>Divorce/Order Information:</b> Are the parents divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No	City, County and State where order was entered:
Is there an order for support? <input type="checkbox"/> Yes <input type="checkbox"/> No	City, County and State where order was entered:
Who is ordered to pay support?	Amount:

Have any verbal or written changes been made to the terms of the order? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe changes:
<b>You must attach copies of all written changes to the order.</b>	
If no support order or divorce, has any legal action (divorce, custody, support, paternity) been started? <input type="checkbox"/> Yes <input type="checkbox"/> No	City, county and state of action:

<b>MOTHER'S INFORMATION</b>	<b>PART D</b>
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<b>Mother's Legal Name:</b> <i>(First, Middle, Last)</i>	Maiden Name:
Other Names Used:	
Street Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone Number:	Other Phone Number (cell, message, etc.):
E-Mail Address <i>(If you wish to receive updates via e-mail)</i>	Social Security Number:
Date of Birth:	Place of Birth (City, County, State)
Is the mother a member of a federal recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe?
Does the mother live on a reservation?	If yes, which reservation, city, state?
If the mother is not a Native American, please indicate race:	
<b>Mother's Employer:</b>	Phone Number:
Mailing/Street Address:	City, State, Zip Code:
Work Hours:	Current Salary:
<b>List Names and phones numbers of friends or other relatives who may know where the mother is.</b> Name: _____ Home Phone Number: _____ Relationship: _____ Name: _____ Home Phone Number: _____ Relationship: _____ Name: _____ Home Phone Number: _____ Relationship: _____	
<b>Attempts to Collect Child Support and Public Assistance:</b>	
Does the mother have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Attorney:
Has the mother received child support enforcement services from an agency in another state?	Name and address of agency:

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the mother applied for collection services from a private agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of agency: _____	
Has the mother received public assistance in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Assistance:
Dates of Assistance:	City, County, State or Tribe:
<b>General Information</b>	
Is the mother a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Graduation Date:
A member or former member of the Armed Forces? If yes, which branch?	Rank/Years of Service:
Date entered:	Date discharged:
Does the mother receive any benefits or retirement income such as military retirement/disability, social security retirement, social security disability, workman's compensation or other retirement?	
Is the mother currently incarcerated or on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are they incarcerated or what is their probation officers name/address?
<b>Does the mother:</b> Have a driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the state and number?

**FATHER/ALLEGED FATHER'S INFORMATION:**
**PART E**

<b>Father/Alleged Father's Legal Name:</b> <i>(First, Middle, Last)</i>	Maiden Name:
Other Names Used:	
Street Address:	City, State, Zip:
Mailing Address:	City, State, Zip:
Home Phone Number:	Other Phone Number (cell, message, etc.):
E-Mail Address <i>(If you wish to receive updates via e-mail)</i>	Social Security Number:
Date of Birth:	Place of Birth (City, County, State)
Is the father/alleged father a member of a federal recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe?

Does the mother live on a reservation?	If yes, which reservation, city, state?
If the mother is not a Native American, please indicate race:	
<b>Father/Alleged Father's Employer:</b>	Phone Number:
Mailing/Street Address:	City, State, Zip Code:
Work Hours:	Current Salary:
<b>Attempts to Collect Child Support and Public Assistance:</b>	
Does the father have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Attorney:
Has the father received child support enforcement services from an agency in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and address of agency:
Has the father applied for collection services from a private agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of agency: _____	
Has the father received public assistance in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Assistance:
Dates of Assistance:	City, County, State or Tribe:
<b>General Information</b>	
Is the father a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Graduation Date:
A member or former member of the Armed Forces? If yes, which branch?	Rank/Years of Service:
Date entered:	Date discharged:
Does the father receive any benefits or retirement income such as military retirement/disability, social security retirement, social security disability, workman's compensation or other retirement?	
Is the father currently incarcerated or on parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are they incarcerated or what is their probation officers name/address?
<b>Does the father:</b> Have a driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what is the state and number?

**CHILDREN'S INFORMATION****PART F**

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<b>Child's Full Name:</b>			
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number			
Date of birth:			
Place of conception (City, State):			
Place of birth:			
Tribal Affiliation/Race			
Were parents married when this child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If NO, did the father voluntarily sign acknowledgement form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has genetic testing been done? If yes, provide copy of the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child still in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated graduation date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does child receive Social Security benefits/SSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an existing child support order for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
County and State where Order was entered:			
Date of Order			
Case Number:			
Who is the Child Support Payments Made to?			
Is the child still in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated graduation date:			
School Name:			
Address:			
City, State, Zip			
Does child receive Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes check one:	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$_____/per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$_____/per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$_____/per month
Additional Information:			



**CHILDREN'S INFORMATION (continued) PART F (CONTINUED)**

	Child 4	Child 5	Child 6
<b>Child's Full Name:</b>			
Other Names used/Nicknames:			
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race:			
Social Security Number			
Date of birth:			
Place of conception (City, State):			
Place of birth:			
Tribal Affiliation:			
Were parents married when this child was born?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, did the father voluntarily sign acknowledgement form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has genetic testing been done? If yes, provide copy of the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child live with you? If no, where does this child live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have legal custody of this child? If yes, date obtained and where.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an existing child support order for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
County and State where Order was entered:			
Date of Order			
Case Number:			
Who is the Child Support Payments Made to?			
Is the child still in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated graduation date:			
School Name:			
Address:			
City, State, Zip			
Does child receive Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes check one:	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$_____/per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$_____/per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$_____/per month
Additional Information:			

**OTHER CHILDREN INFORMATION****PART G**List all of the **mother's** children not previously listed.

Child's Full Name	Date of birth Month/Day/Year	Who does the child live with?	Is the mother ordered to pay support for this child?
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount/Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount/Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount/Month

List all of the **father's** children not previously listed.

Child's Full Name	Date of birth Month/Day/Year	Who does the child live with?	Is the father ordered to pay support for this child?
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount/Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount/Month

# CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM

## AFFIDAVIT OF SUPPORT RECEIVED OR PAID

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Read all the choices carefully **before** you check the box or boxes that apply. The Chippewa Cree Tribe Child Support Program (CCT CSP) will collect ordered maintenance or alimony if the CCT CSP is also collecting support.

STATE OF \_\_\_\_\_ )

:ss.

County of \_\_\_\_\_ )

I, the undersigned, having been first duly sworn upon my oath, say:

- I received payments **directly** from the  father  mother. I listed the payments on the other side of this form.
- I received payments from another state agency or court. I listed the payments on the other side of this form. (Provide name, address and phone number of other state agency or court below.)  
**You must provide a certified copy of any pay records from the agency or court.**
- I have never received a support payment.
- I made payments **directly** to \_\_\_\_\_. (Name of individual, not an agency or court.) I listed the payments on the other side of this form.
- I made payments to another state agency or court. I listed the payments on the other side of this form. (Provide name, address and phone number of other state agency or court below.)  
**You must provide a certified copy of any pay records from the agency or court.**
- I have never made a support payment.

**PAYMENTS**

**Include only payments received for Child Support**

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

*Attach additional pages if needed for prior years*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Subscribed and sworn to before me, a Notary Public for this state, on the date written above.

(seal)

\_\_\_\_\_  
Notary Public



**CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM**

Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother: \_\_\_\_\_  
Father: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (print your name) authorize the release of information to the Chippewa Cree Tribe Child Support Program (CCT CSP), its employees or its agents about this case orally or in writing.

The following information may be released to the CCT CSP:

- details and/or documentation regarding the status of the action in the case
- specifics regarding payments and status of accounts
- social security numbers
- any negotiations or settlements made in the case
- dates of hearings
- paternity information
- other: \_\_\_\_\_

This information may be released to the CCT CSP as if it were being released to me. This authorization shall remain in effect until I revoke the authorization in writing, and the CCT CSP acknowledges that it has received my written request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Signed or attested before me on the above date by the person named in the foregoing document, whose identity was known or proved to me.

\_\_\_\_\_  
Notary Public

(Seal)