

# **APPLICATION FOR CHILD SUPPORT SERVICES**



## **MODOC NATION Tribal Child Support Services**

**“Where Children Come First”**



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## Tribal Child Support Services

This application contains the information necessary to provide Child Support Services. Please read everything carefully and answer all questions completely and honestly. **If you do not provide the application and all required documents, your application cannot be processed.**

Tribal Child Support Services will work in the best interest of your child(ren). This is achieved by attempting to locate a non-custodial party, taking steps to determine paternity, establish or modify a legitimate child support order, and attempt to collect child support payments. All child support payments will be disbursed via a smiOne Debit Card.

Documents required for service:

- Child(ren)'s Birth Certificate, Tribal Enrollment ID card, Social Security card
- Applicant's photo identification, Tribal Enrollment ID card (if applicable), Social Security card
- Completed Financial Affidavit with 6 weeks of check stubs (if applicable)
- Divorce Decree and/or all orders filed in a court of law, paternity affidavit (if applicable) *(This includes all orders that pertain to guardianship or custody)*

Once your application is complete and all the required documents provided, it will be reviewed to determine the best possible course of action. Should you have any additional information that would help to locate or contact the non-custodial party or may be beneficial to your case, please include the information with your application.

Please read the following Statement of Understanding carefully. By signing the statement, you agree to cooperate with Tribal Child Support Services program, Modoc tribal law, and applicable federal child support rules and regulations. If you have any questions, contact a Tribal Child Support Services employee at 918-540-1501 or 1-888-540-1501 before you sign the document.

**Please send the completed application and documents to Tribal Child Support Services,**

**Applications may also be returned to any of the three Tribal Child Support offices in person.**

# Statement of Understanding

(Please Initial next to each statement)

- \_\_\_\_\_ 1. I UNDERSTAND, that by applying with Tribal Child Support Services (TCSS), I am requesting services that could include the following: paternity and child support establishment, modification, enforcement actions, monitoring, locate services, payment collections and distributions. TCSS will decide the best way to establish, modify, enforce, and collect child support. This may include but is not limited to the following options: income withholdings via employer, filing Indirect Contempt court actions, passport denials, license suspensions, negotiate liens.
- \_\_\_\_\_ 2. I UNDERSTAND, TCSS is here to make sure that responsible parties financially support their children. I understand that the responsibilities of the child support program do not allow the staff of TCSS to have the same confidential relationship with me as I would have with a private attorney. The information I provide will be kept from the public but may be used as needed to collect support from either party. I give TCSS permission to give any necessary information to law enforcement officers, public officials, courts, or others to assist me to collect support.
- \_\_\_\_\_ 3. I AGREE, that if I have an existing child support case pertaining to the child(ren) listed on this application with any IV-D child support agency, it will be transferred to TCSS for case management services.
- \_\_\_\_\_ 4. I UNDERSTAND that the TCSS attorney(s) or child support staff does not represent me. TCSS acts as a neutral party on all child support matters.
- \_\_\_\_\_ 5. I AGREE to fill out forms and affidavits as requested and to cooperate fully with TCSS, law enforcement offices or officials, and the Court. Full cooperation includes, but is not limited to, notifying TCSS of my new address and phone number every time it changes, and informing TCSS if I hire a private attorney to collect or modify child support for me.
- \_\_\_\_\_ 6. I AGREE to notify TCSS of any new court actions or changes in custody for the child(ren) on this child support case.
- \_\_\_\_\_ 7. I AGREE to give all identifying information requested to assist in locating and collecting child support from the non-custodial party (NCP) and cooperate with paternity establishment, which may include DNA testing.
- \_\_\_\_\_ 8. I UNDERSTAND, TCSS cannot guarantee that it can determine the biological father of the child or children, collect money from the NCP, enforce a Court order for support or obtain a support order from the Court. I understand that TCSS cannot help with issues such as custody and property settlements nor enforce non-monetary ordered support such as childcare, insurance, or non-covered medical expenses.
- \_\_\_\_\_ 9. I AGREE, that starting from the submission date of my completed application, all money paid for child support will be routed through TCSS Payment Center to ensure proper accounting of payment. I understand that if I receive any payment directly from the NCP, I must notify TCSS and submit an Affidavit of Direct Pay.
- \_\_\_\_\_ 10. I UNDERSTAND that money from State or Federal tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf the child(ren) and myself. I also understand that I could receive tax collections that could be taken back by the State or Federal Tax programs due to an injured spouse claim or fraud. I agree I will be responsible for returning that portion to TCSS if this should ever occur. I understand that TCSS or a state agency will hold the intercept for up to 6 months or longer when mandated from the federal government.

- \_\_\_\_\_ 11. I UNDERSTAND, if I keep child support payments to which I am not entitled TCSS will recover the overpayment from me. These overpayments could occur (1) because the NCP paid more than the amount owed, (2) because the NCP paid me directly for support assigned to the tribe or state, of (3) because payments went to me in error. I understand that TCSS shall be entitled to recover the overpayment by withholding amounts from child support payments and/or through interception of state or federal tax.
- \_\_\_\_\_ 12. I UNDERSTAND, because TCSS is an IV-D federally funded program, TCSS will collect money owed to a tribe or state for Temporary Assistance for Needy Families (TANF) received. If I am currently receiving TANF, any amount of money collected for current support will be sent directly to the state/tribe that is providing my TANF for allocation and any disbursement. I understand that any tax intercepts will also be applied to any money owed to tribe or state due to past TANF expenditures.
- \_\_\_\_\_ 13. I UNDERSTAND, If I (Custodial Party) contact the Non-Custodial Party's employer directly at any point the case will close immediately.
- \_\_\_\_\_ 14. I UNDERSTAND AND AGREE to all the terms above. I understand that if I violate any of the terms, conditions, or agreements, or fail to cooperate with TCSS, my case will be subject to closure. The information provided in this application is true and correct to the best of my knowledge.

Applicant' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, being a notary public, verify that the above-named person signed this statement and application before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



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## **APPLICATION CONTACT INFORMATION SHEET**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**BEST TIME TO CALL:**

\_\_\_\_\_  
\_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# APPLICATION FOR CHILD SUPPORT SERVICES

<b>OFFICE USE ONLY</b>		
Date Requested: _____	Date Received: _____	TCSS Staff Member _____

Please print with Blue or Black ink

**Please mark all that apply:**

- This is my first application with Tribal Child Support Services
- I am or the child(ren) are receiving assistance from the State of Oklahoma
- I have an open case with a State Child Support office and would like to transfer my case
- I am reopening my case with Tribal Child Support Services
- I am requesting service on both parents (If Custodial party is not biological/adoptive parent)

**1.) APPLICANT:**

I am the:

- CUSTODIAL PARTY (Person to receive Child Support)
- NON-CUSTODIAL PARTY (Person paying Child Support)
- LEGAL GUARDIAN (Court Order or Letter of Guardianship will be required)

Full Name:	
Address:	
Date of Birth:	SSN:
Race:	Tribal Affiliations:
Phone: <span style="float: right;">Text: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>	Alt Phone: <span style="float: right;">Text: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Email:	Relation to Child(ren):

Have you or the child(ren) of this application experienced any type of abuse from the other party? Yes or No

If yes, do you believe that you or the child(ren) may be at risk of emotional or physical harm from the other parent? Yes or No

**Is this person listed on the birth certificate?**     YES     NO

**Is this person currently employed?**     YES     NO

If YES, where is their place of employment? \_\_\_\_\_

**Is this person in a rehabilitation center or incarcerated?**     YES     NO

If YES, list facility/address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person in the military?  YES  NO

If YES, dates of service: \_\_\_\_\_

Branch of service:  Air Force  Army  Marines  Navy  Coast Guard  National Guard

Does this person receive any Per Capita payments?  YES  NO

If YES, what Tribe: \_\_\_\_\_

## 2.) BIOLOGICAL/ADOPTIVE MOTHER (if not the applicant)

Full Name:	
Address:	
Date of Birth:	SSN:
Race:	Tribal Affiliations:
Cell Phone:	Email:

Is this person currently employed?  YES  NO

If YES, where is their place of employment? \_\_\_\_\_

Is this person in a rehabilitation center or incarcerated?  YES  NO

If YES, list facility/address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person in the military?  YES  NO

If YES, dates of service: \_\_\_\_\_

Branch of service:  Air Force  Army  Marines  Navy  Coast Guard  National Guard

Does this person receive any Per Capita payments?  YES  NO

If YES, what Tribe: \_\_\_\_\_

## 3.) BIOLOGICAL/ALLEGED/PRESUMED FATHER (if not the applicant)

Full Name:	
Address:	
Date of Birth:	SSN:
Race:	Tribal Affiliations:
Cell Phone:	Email:

Is this person listed on the birth certificate?  YES  NO

Is this person currently employed?  YES  NO



**Is there an existing child support order for these child(ren)?**  YES  NO  UNSURE

If YES, please list court(s): \_\_\_\_\_ Case number: \_\_\_\_\_

**What office/agency currently works or worked your case (if applicable)?** \_\_\_\_\_

**Are there any pending legal actions on this case?**  YES  NO

If YES, please explain:  Visitation  Custody  Other: \_\_\_\_\_

**Do you have a private attorney?**  YES  NO

If YES, please provide their name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is the other party aware you are applying for child support services?**  YES  NO

If NO, do you feel there is a reason of concern, please explain: \_\_\_\_\_

**How were you referred to Tribal Child Support Services?** \_\_\_\_\_

**All information provided in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_

Applicant signature

\_\_\_\_\_

Date

I, being a notary public, verify that the above-named person signed this document before me on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF CHILD SUPPORT RECEIVED** (directly paid to you)

- 1.) If you have not received any child support payments from the non-custodial party, please complete section A. (Do not forget to sign and date the Affidavit before a notary public.)
- 2.) If you have received child support from the non-custodial party, complete section A and B. Start with the most recent year you received child support or were given a judgement and work back. (Do not forget to sign and date the Affidavit before a notary public.)

**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 party.

I have received child support payments from the non-custodial party. These payments were made directly to me, not through the State of Oklahoma, or Tribal Child Support Services.

**Section B.**

INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT

\*Indicate by an (X) any time the child(ren) were not in your care for 30 days or more.

Year 20__	JAN \$ ____	FEB \$ ____	MAR \$ ____	APR \$ ____	MAY \$ ____	JUNE \$ ____	JULY \$ ____	AUG \$ ____	SEP \$ ____	OCT \$ ____	NOV \$ ____	DEC \$ ____
Year 20__	JAN \$ ____	FEB \$ ____	MAR \$ ____	APR \$ ____	MAY \$ ____	JUNE \$ ____	JULY \$ ____	AUG \$ ____	SEP \$ ____	OCT \$ ____	NOV \$ ____	DEC \$ ____

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, being a notary public, verify that the above-named person signed this document before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



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## Financial Affidavit

### Section I: Client Information

Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Message number: \_\_\_\_\_

Address: \_\_\_\_\_

### Section II: Employment Information

Employed

Self-Employed

Unemployed

(If unemployed list previous employment information)

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hourly rate of pay \$ \_\_\_\_\_ or  Salary amount \$ \_\_\_\_\_

Pay periods:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Gross Monthly Income: \$ \_\_\_\_\_

### Section III: Other Sources of Income

Type of Income	Frequency	Amount
Pensions & Retirement	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Military/Veterans	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Social Security	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	
SSA <input type="checkbox"/> SSI <input type="checkbox"/>	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Unemployment	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Per Capita/ IIM Account	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Worker's Compensation	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	
Jobs for Cash	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
Other source of income:	<input type="checkbox"/> Wkly <input type="checkbox"/> Monthly <input type="checkbox"/> Qtrly <input type="checkbox"/> Yearly	
(Specify)		



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## Financial Affidavit

### Section IV: Children Information

1. Please complete this section the child(ren) born of or adopted through the relationship or marriage between the custodial and non-custodial parent.

Name of Child	Date of Birth	Eligible for Indian Health Services	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Number of overnights with the child(ren) per month \_\_\_\_\_

Childcare expenses per month: \_\_\_\_\_

Monthly health insurance premium costs for child(ren) in this case only: \_\_\_\_\_

2. **Biological or Adopted** children **NOT** of this action in the home full-time?

Name of Child	Date of Birth

3. Do you have any cases in which you currently pay child support on?  Yes No

If you marked 'Yes,' please provide the following information:

- Amount of monthly support paid: \_\_\_\_\_
- City and State of order(s): \_\_\_\_\_
- Case Number or Family Group Number (if known): \_\_\_\_\_





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## Financial Affidavit

### Section VII: Declaration

I, \_\_\_\_\_ declare under penalty of perjury that the foregoing and any attachments hereto are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit the following documentation with this Financial Affidavit:**

- Last 6 weeks' pay stubs or most recent check stub with year to date if employed since Jan 1<sup>st</sup>.
- Supporting documents for any other sources of income
- A copy of your Driver's License or Photo ID
- Breakdown of health insurance actually paid for child(ren)