



APPLICATION

CCTHITA Tribal Child Support Unit

Please indicate which service you want. You must provide all information necessary for these services. Attach complete copies of orders or documents relating to custody, support and paternity. DO NOT SEND ORIGINALS. Incomplete applications may be returned.

- | | |
|---|--|
| <input type="checkbox"/> Support Order Establishment | <input type="checkbox"/> Paternity Establishment (Complete Paternity Witness Affidavit) |
| <input type="checkbox"/> Location Services | <input type="checkbox"/> Medical Support Order Establishment |
| <input type="checkbox"/> Modification & Enforcement of an Existing Order | |

Please answer each question as fully as possible (*incomplete information may delay your application process*). Print or type all answers. Complete one form for each Corresponding Parent on behalf of the concerned child(ren). If you do not know an answer, put "UNK" or if it not applicable put N/A in the space. If you need more space, use a separated sheet and attach it to this from.

Check here if you are a victim of domestic violence and you want your address kept confidential from the other party. Please submit an "Affidavit and Request for Address Confidentiality" in order to petition your address confidential. TCSU will respond in writing with a decision.

You Are the: **Custodial Parent** **Non-Custodial Parent**
 Third Party - fill out applications for each parent **Mother** **Father**

Information about You:

Name (Last, First, Middle)		Previous Names	SSN	Date of Birth
Mailing Address		City	State/Zip	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address		City	State/Zip	
Telephone (Home)	(Work)	(Message or Cell)	Email Address	

Enrolled Member or eligible to be enrolled with CCTHITA? Yes No If no, enrolled with what tribe: _____

Are the children enrolled or eligible to be enrolled with CCTHITA? Yes No If no, enrolled with another tribe: _____

Are you currently receiving TANF/Cash Assistance? Yes No If yes, Where? _____

Have you ever received TANF/Cash Assistance? Yes No If yes, When? _____
 Where? _____

Does an attorney represent you in any matters related to the child or the parents? Yes No If yes, provide attorney's name address, and phone: _____

Your Driver's License Issued State _____ and License # _____

Are you currently employed? Yes No If yes, Where? _____ Employer Phone# _____

Children concerned with Child Support for (add pages if necessary)

Complete the following information for each child. Attach Birth Certificate to Application

You are the: Mother Father Relative _____ Legal Custodian by court order _____

SSN	Child Full Name	Sex	DOB	Place of Birth	Mother's Name	Father's Name

Is there split custody? Yes No If Yes what % do you have the child(ren) _____

Information on Other Parent- Mother Father:

Name (Last, First, Middle)		Previous/Other Names		SSN		Date of Birth	
Address (PO or Street)- Residential		City		State/Zip		Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (PO or Street)- Mailing		City		State/Zip		Last Known as of _____	
Telephone (Home)		(Work)		(Message or Cell)		Email Address	
Enrolled Member of CCTHITA? <input type="checkbox"/> Yes <input type="checkbox"/> No If enrolled with another tribe indicate name: _____							
Place of Birth		Race		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Color of Eyes	Color of Hair
						Height	Weight
Does this person have relatives in Alaska? Who and where _____							
Does this person have an attorney regarding child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ Phone # _____							

Is this Parent Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Death _____ City/State _____	
Is estate in probate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is Trustee? _____ Phone # _____	

Other Parent's Employer

Usual occupation _____ Are they a Union Member? _____

Does this person work in Alaska currently? Yes No I don't know

Did this parent used to work in Alaska? Yes No If Yes, when did they leave Alaska? _____

What was their last address in Alaska? _____

Current or last Known Employer	Employer Address	Employer Phone	Dates of Employment

Does this Parent have Health Insurance available through Employer, Union, or Indian Health Services (IHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, name of Insurance Company or IHS _____ Phone number of Insurance Company or IHS _____	If yes, Type of Coverage <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/> Other _____
---	--

Other Parent's Income or Assets

Does this Parent have other income? Yes No

If yes, Type of Income: Retirement Veterans Social Security Other _____

Does this Parent have Native Shares/Dividends?: Yes No If yes, Where: _____

Do the children receive benefits based on a disability from this Parent ? Yes No

If yes, Source of Disability Benefit: _____ Monthly amount _____

Does this Parent have a bank account? Yes No

If yes, Bank Name: _____ Account #: _____

Bank Name: _____ Account #: _____

Does this Parent have a vehicle? Yes No If yes, License #: _____

Make: _____ Model: _____ Year: _____ Color: _____

Does this Parent have Property? Yes No If yes, Where: _____

List any other information that could assist TCSU to locate this Parent (Names/Addresses/phone numbers of relatives, friends, creditors and schools attended, any known arrests, etc...)

Relationship Between Parents (Attach documentation)

<input type="checkbox"/> Divorced	Date of Separation _____ Date of Divorce _____ Court Case # _____ City/State _____ Attach a complete copy of the divorce decree/order
<input type="checkbox"/> Married but Separated	Marriage Date _____ City/State _____ Separation Date _____
<input type="checkbox"/> Divorce/Dissolution pending	Date filed _____ Separation Date _____ City/State _____ Court Case # _____
<input type="checkbox"/> Never Married	Separation date (if parents lived together) _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Attach complete copy of the Affidavit of Paternity
<input type="checkbox"/> Other (explain) _____	_____

Child Support Information (Attach Documentation)

Is there an order that requires payment of child support? Yes No If yes, Order #: _____

Type: Court Order Paternity Temporary Order Administrative Order
 Tribal Other _____

Was child support payment made through a third party? Yes No

Who: State Tribe Court Clerk or Prosecutor's Office Other _____

City/Tribe/State Name: _____ Date: _____ Phone#: _____

Additional Monthly Costs incurred on the behalf of child(ren) (Attach documentation)

Health Ins., how much _____ paid by _____ Dental Ins., how much _____ paid by _____

Education, how much _____ paid by _____ Medical, how much _____ paid by _____

Other _____, how much _____ paid by _____

Check here if you **paid** child support and list in the table below payments made either directly or through third party

Child support received from Mother Father [Please check box same as Information on Other Parent]

Check here if you have not received Child Support

Check here if you have received child support .List in the table below the payment you have received directly.

Check here if aren't sure how much child support you've received. List your best estimate by month and year.

Mo/Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Jan.											
Feb.											
Mar.											
Apr.											
May											
June											
July											
Aug.											
Sept.											
Oct.											
Nov.											
Dec.											
TOTAL											

Certification

I agree to tell the Tribal Child Support Unit of any new or changed information that relates to the child support case and collection/payment of child support. By submitting this application for child support, I understand that I am also applying for State IV-D services for purposes of submitting arrearages for Federal tax refund offset.
 I declare under penalty of perjury, under the laws and ordinances of this Tribe that the foregoing is true and correct.

 Signature Date

Instructions for Completion of Paternity Witness Statement

The CCTHITA Tribal Child Support Unit (TCSU) will start an action to establish paternity if the father is not listed on each birth record. **If you are the Mother of the children, YOU MUST fill out the following Paternity Witness Statement for each child. If you are a 3rd party (not Mother or Father) and are applying for services, you DO NOT need to complete this form.**

- Read each question carefully and answer all the questions as best as you can.
- Please use ink to answer each question.

After you complete the Paternity Witness Statement(s):

- Sign the form(s) in front of a "Witness". This would be an adult that watched you sign the form and verified your identification.
- Be sure the "Witness" completes their portion – at the bottom of the form.

PATERNITY WITNESS AFFIDAVIT

Petitioner:

TCSU Case No: _____

Central Council Tlingit & Haida Indian Tribes of Alaska
Tribal Child Support Unit

A Separate Statement is required for Each Child needing Paternity Established
(Use the back of the form if additional space is needed)

1. I, _____, on oath, under penalty of perjury depose and allege:

I am the natural mother of the child named below.

Child's Full Name (First, Middle, Last)	Child's Date of Birth	Child's Gender
Place of Birth, (City, County, State)		

Date Mother Pregnant (Month, Date, Year)	Full Term Pregnancy Yes No (If no explain)	Where Mother Got Pregnant (City, County, State)
--	--	---

The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

a. A man is named as the father on the child's birth certificate. Yes No
If Yes, the man's name and address are: _____

If the child was born in another state or country, you must send TCSU a copy of the birth certificate.

b. I was married at the time of this child's birth. Yes No. (If Yes, complete the following).
A. Husband's name (first, middle, last) and last known address: _____
B. State why husband is not the father of this child and send all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any. _____

c. Genetic tests were completed to determine the father of the child. Yes No
If Yes, send results, explain outcome, and list name(s) and address(es) of man/men tested: _____

2. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No (If Yes, complete the following).

- a. The name(s) and address(es) of the other man/men: _____
- b. The other man/men are biologically related to the man I am naming as the child's natural father. Yes No
If Yes, state the biological relationship (e.g., brother, cousin, uncle, etc.) _____
- c. I do not believe the other man/men is/are the father because: _____

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.		
DATE _____	SIGNATURE (Do <u>not</u> sign unless you are before a witness)	
Witness (Print Name) _____	Witness Signature _____	
Date Signed _____	Address of Witness _____	Telephone # of Witness _____