

CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM

31 Agency Square
Box Elder, MT 59521

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

“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
- Money Order or cash for application fee
- Authorization to Act - Signature must be notarized
- Enrollment Verification of all parties Comments (if any): _____
- Authorization for Release of Information - Signature must be notarized
- Letter verifying Medicaid Comments (if any): _____
(only if on Medicaid)
Medicaid Cards will no longer be accepted

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
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 required to charge an application fee to individuals applying for child support services. The fee is based on your ability to pay and will not exceed \$30. It is **non-refundable**, even if the CCT CSP determines your case is unworkable.

Use the table below to determine the amount of the application fee you owe. Send your payment to the CCT CSP along with your application for services. Payment must be in the form of cash or money order. **The CCT CSP cannot accept personal checks.**

My gross annual household income is:

- Greater than \$25,000 (Fee is \$25)
- Less than \$10,000 (Fee is \$5)
- \$10,000 to \$25,000 (Fee is \$15)
- TANF/Medicaid recipient (No Fee)

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

The information I am providing in this application is true to the best of my knowledge.

Date

Signature

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**

Your Full Name: _____
 Your Relationship to the child (ren): _____
 Social Security Number: _____ Date of birth: _____ Race: _____
 Mailing Address: _____ City, State, Zip: _____
 Home Phone: _____ Work Phone: _____
 Message/Other: _____ E-mail Address: _____

Are you a member of an Indian tribe? Yes 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? Yes No

If yes, YOU MUST ATTACH A CERTIFIED COPY.

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**

Attach certified copies of all orders and modifications. 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.

Marital Information: Were the parents married? Yes No Date of Marriage: _____
 City, county and state of marriage: _____

Did the parents hold themselves out as husband and wife? Yes No

Did the parents ever file joint tax returns? Yes No
 If yes, which years? _____ What states? _____

Divorce / Order Information: Are the parents divorced? Yes No Case Number: _____
 City, county and state where the order was entered: _____ Date: _____

Is there an order for support? Yes No Case Number: _____
 City, county and state where the order was entered: _____ Date: _____
 Who is ordered to pay support? _____ Amount: _____

Have any verbal or written changes been made to the terms of the order? Yes No
 If yes, describe the changes: _____

You must attach copies of all written changes to the order.

If no support order or divorce, has any legal action (divorce, custody, support, paternity) been started?

Yes No City, county, and state of action: _____ Date: _____

MOTHER'S INFORMATION**PART D**

Mother's Full Name: _____ Maiden Name: _____
 Other Names Used: _____
 Street Address: _____ City, State, Zip: _____
 Mailing Address: _____ City, State, Zip: _____
 How long has the mother lived in the above-named state? _____

Date last known to be at street address: _____ Home Phone Number: _____
Other Phone Number (cell, message, etc.): _____ E-mail Address: _____
Social Security Number: _____ Date of Birth: _____
Place of Birth (City, County, State): _____ Race: _____

Mother's Employer: _____ Phone Number: _____
Address: _____
Work Hours: _____ Current Salary: _____

Mother's Parents (Children's Grandparents) If deceased, list name and indicate deceased on address line.
Mother's Father's Name: _____ Phone Number: _____
Address: _____
Mother's Mother's Name: _____ Phone Number: _____
Maiden Name: _____ Address: _____

List Names and phones numbers of friends or other relatives who may know where the mother is.
Name: _____ Home Phone Number: _____ Relationship: _____
Name: _____ Home Phone Number: _____ Relationship: _____
Name: _____ Home Phone Number: _____ Relationship: _____

Attempts to Collect Child Support and Public Assistance:

Does the mother have an attorney? Yes No
Name and address of attorney: _____
Has the mother received child support enforcement services from an agency in another state?
 Yes No Name and address of agency: _____
Has the mother applied for collection services from a private agency? Yes No
Name and address of agency: _____
Has the mother received public assistance in any state? Yes No
Types of assistance: _____
Dates of assistance: _____ City, County, State: _____

General Information

Is the mother a student? Yes No Expected Graduation Date: _____
Course of study or classes taken: _____
List high schools, trade schools and/or colleges the mother has attended. Give dates, locations, courses and degrees received: _____
Is the mother a member of an Indian tribe? Yes No If yes, which tribe? _____
Does she live on a reservation? Yes No If yes, which reservation? _____

Is the mother:

| Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A member or former member of the Armed forces? Branch of service: _____ Rank: _____ Years of service: _____ Date entered: _____ Date Discharged: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving military retirement? Amt per month? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving military disability income? Amt per month? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving Social Security benefits? Amt per month? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Disabled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving Workers Compensation? Amt per month? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving retirement income/pension? Amt per month? _____ Source: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently incarcerated? Where? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | On parole or probation? Name of parole/probation officer: _____ Phone Number: _____ |

Does the mother:

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have a driver's license? State and Number: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Own vehicles? Description: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Own property? Description: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have investments? Type and Amount: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have a bank account? Name and location of bank: _____ |

FATHER/ALLEGED FATHER'S INFORMATION:

PART E

Father's Full Name: _____

Other Names Used: _____

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

How long has the father lived in the above-named state? _____

Date last known to be at street address: _____ Home Phone Number: _____

Other Phone Number (cell, message, etc.): _____ E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth (City, County, State): _____ Race: _____

Father's Employer: _____ Phone Number: _____

Address: _____

Work Hours: _____ Current Salary: _____

Father's Parents (Children's Grandparents) If deceased, list name and indicate deceased on address line.

Father's Father's Name: _____ Phone Number: _____

Address: _____

Father's Mother's Name: _____ Phone Number: _____

Maiden Name: _____ Address: _____

List Names and phones numbers of friends or other relatives who may know where the father is.

Name: _____ Home Phone Number: _____ Relationship: _____

Name: _____ Home Phone Number: _____ Relationship: _____

Name: _____ Home Phone Number: _____ Relationship: _____

Attempts to Collect Child Support and Public Assistance:

Does the father have an attorney? Yes No

Name and address of attorney: _____

Has the father received child support enforcement services from an agency in another state?

Yes No Name and address of agency: _____

Has the father applied for collection services from a private agency? Yes No

Name and address of agency: _____

Has the father received public assistance in any state? Yes No

Types of assistance: _____

Dates of assistance: _____ City, County, State: _____

General Information

Is the father a student? Yes No Expected Graduation Date: _____

Course of study or classes taken: _____

List high schools, trade schools and/or colleges the father has attended. Give dates, locations, courses and degrees received: _____

Is the father a member of an Indian tribe? Yes No If yes, which tribe? _____

Does he live on a reservation? Yes No If yes, which reservation? _____

Is the father:

Yes No

A member or former member of the Armed forces?
Branch of service: _____ Rank: _____ Years of service: _____
Date entered: _____ Date Discharged: _____

Receiving military retirement? Amt per month? _____

Receiving military disability income? Amt per month? _____

Receiving Social Security benefits? Amt per month? _____

Disabled?

Receiving Workers Compensation? Amt per month? _____

Receiving retirement income/pension? Amt per month? _____

Currently incarcerated? Source: _____
Where? _____

On parole or probation? Name of parole/probation officer: _____

Phone Number: _____

Does the father:

Have a driver's license? State and Number: _____

Own vehicles? Description: _____

Own property? Description: _____

Have investments? Type and Amount: _____

Have a bank account? Name and location of bank: _____

CHILDREN'S INFORMATION

PART F

| | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| Child's Full Name: | | | |
| 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: | | | |
| 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: | | | |

CHILDREN'S INFORMATION (continued)

PART F (CONTINUED)

| | Child 4 | Child 5 | Child 6 |
|--|--|--|--|
| Child's Full Name: | | | |
| 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: | | | |
| 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 |

HEALTH INSURANCE INFORMATION

PART H

Health/Medical Insurance Information
Who is the PRIMARY policy holder for the children's health insurance?

Name Relationship to Child(ren)

| | | |
|---|-------------------------------------|-----------------|
| Name, Address and phone number of medical insurance company: | Policy Number: Group Number: | Effective Date: |
| Name, Address and phone number of dental insurance company: | Policy Number: Group Number: | Effective Date: |

What dependent insurance coverage is available to you at no cost? Medical Dental Optical

What dependent insurance coverage is available to you by payment of a premium? (Specify cost per pay period)

Medical \$ _____ per _____ Dental \$ _____ per _____ Optical \$ _____ per _____

List all the individuals currently covered by your insurance and check which type of insurance is available to each:

| Name | Birth date | Relationship | Medical | Dental | Optical |
|------|------------|--------------|---------|--------|---------|
| | | | | | |
| | | | | | |

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. Please put your initials next to each box you check. 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

Year: 2012

Year 2011

| Month | Amount Due | Amount Paid | √ if Paid To or Rec'd From Court/Agency and sign | Month | Amount Due | Amount Paid | √ if Paid To or Rec'd From Court/Agency and sign |
|-------|------------|-------------|--|-------|------------|-------------|--|
| Jan | | | | Jan | | | |
| Feb | | | | Feb | | | |
| Mar | | | | Mar | | | |
| April | | | | April | | | |
| May | | | | May | | | |
| June | | | | June | | | |
| July | | | | July | | | |
| Aug | | | | Aug | | | |
| Sept | | | | Sept | | | |
| Oct | | | | Oct | | | |
| Nov | | | | Nov | | | |
| Dec | | | | Dec | | | |

Year: 2010

Year 2009

| Month | Amount Due | Amount Paid | √ if Paid To or Rec'd From Court/Agency and sign | Month | Amount Due | Amount Paid | √ if Paid To or Rec'd From Court/Agency and sign |
|-------|------------|-------------|--|-------|------------|-------------|--|
| Jan | | | | Jan | | | |
| Feb | | | | Feb | | | |
| Mar | | | | Mar | | | |
| April | | | | April | | | |
| May | | | | May | | | |
| June | | | | June | | | |
| July | | | | July | | | |
| Aug | | | | Aug | | | |
| Sept | | | | Sept | | | |
| Oct | | | | Oct | | | |
| Nov | | | | Nov | | | |
| Dec | | | | Dec | | | |

Attach additional pages if needed

_____ Date

_____ Print Name

_____ Signature

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

(Seal)

_____ Notary Public

_____ Print Name

Residing at _____
Commission Expires: _____

CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM

AUTHORIZATION TO ACT

Children: _____

Mother: _____

Father: _____

I have applied for Chippewa Cree Tribe Child Support Program (CCT CSP) services. The CCT CSP is authorized by law to take all actions necessary to work my case.

I am the Mother Father Other (list relationship)_____

This authorization is effective until I ask the CCT CSP to close my case or until the CCT CSP notifies me it has closed my case, whichever is later.

Date

Signature

Print your name

STATE OF _____)
:SS
County of _____)

Before me, a Notary Public for this State, personally appeared the person named above and executed the same in my presence.

IN WITNESS WHEREOF, I set my hand and affixed my official seal, the day, month and year written above.

(Seal)

Notary Public

Print Name

Residing at
Commission Expires: _____

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.

(Seal)

Notary Public

Print Name

Residing at
Commission Expires: _____

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.