



Stockbridge-Munsee Tribal Child Support Agency

APPLICATION

Information provided on this form (including any attachments) may be shared with others for the sole purpose of administration of the tribal child support agency and other related programs.

Filling out this Form:

- Please fill out this form the best you can.
- If you don't know or not sure of some of the information, you may leave that part blank.
- The more information you are able to provide on this form the better job the case worker can do to assist you.
- If you have any questions about this form please talk with your child support worker.

Name of Parent Applying for Services: _____

Relationship to child(ren): Mother Father Caregivers

Relatives Agency

Services Requested: Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances. You may also choose "Only Locate Parent Services."

- Establish Paternity Establish Child Support Order
 Enforce (Collect) Child Support Establish Medical Support Order
 Locate Absent Parent

Are you applying for services for an unborn child? YES NO If yes, due date _____

IMPORTANT

If a child is conceived or born during a marriage, the husband is the legal father. If you believe that someone other than the husband may be the biological father, provide the information about that person below. (The information given on the rest of this form should be information about the husband and wife of the marriage not this person.)

Name: _____ Date of Birth: _____

Social Security Number: _____ Address: _____

City: _____ State: _____ Zip: _____

SECTION I – Information about YOU, the parent applying for services

Legal Name: Last, First, Middle	Maiden/alias name:
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Date of Birth:	Place of Birth (city, state, country):	Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what Tribe?	Tribal ID#	
What is the relationship of the children to the custodial parent?			Who has legal custody?
Home Address (City, State, Zip Code):			
Mailing Address (if different from mailing address):			
Home Phone:	Cell Phone:	Work Phone:	
E-mail address:			

Employer's Name:	Employer's Phone Number:	
Employer's Address (County, City, State, Zip Code):		
INCOME <input type="checkbox"/> Year <input type="checkbox"/> Month \$ _____ <input type="checkbox"/> Hour		
\$ _____ HOUR	\$ _____ MONTH	\$ _____ YEAR
Please Check Services you are Receiving or Have Received:		
<input type="checkbox"/> Child Support Services	<input type="checkbox"/> Child Care	<input type="checkbox"/> W-2
<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Food Share	<input type="checkbox"/> TANF
Member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired Branch _____		
Dates: From _____ To _____ Veterans Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION II – Information about the OTHER PARENT (Please see the note marked “important” on the bottom of page 1.)

Legal Name: Last, First, Middle			Maiden/alias name:
Date of Birth:	Place of Birth (city, state, country):	Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what Tribe?	Tribal ID#	
Home Address (City, State, Zip Code):			
Mailing Address (if different from mailing address):			
Home Phone:	Cell Phone:	Work Phone:	
E-mail address:			

Employer's Name:	Employer's Phone Number:
Employer's Address (County, City, State, Zip Code):	
Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No INCOME Premium \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other How often are they paid?
Occupation/Professional License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type of License _____ Gross Income per pay day? _____ Job Title _____ Start Date: _____ Additional Work Information _____ _____ _____	
Member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired Branch _____ Dates: From _____ To _____ Veterans Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued Information about the OTHER PARENT

If the location of this parent is NOT known: Please provide the information below and any other information you believe may help to find the person. Include all addresses where relatives may live and type of income assets this parent may have. Include any additional information on page 7. **Please include a picture of the parent if available.**

Distinguishing Marks (tattoos/scars/birthmarks)

Height	Weight	Hair Color	Eye Color	Race
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Has this parent ever been arrested or convicted of a crime? Yes No

If Yes, date of conviction?	City of conviction?	State of conviction
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Name of this Parent's Mother:

Name of this Parent's Father:

SECTION III – Information about the children you are requesting services for (These children must have the same MOTHER AND FATHER, and these parents must be the parents listed on this form in sections I and II)

Name of First Child		Gender
Social Security Number	Date of Birth	City of Birth
Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		County of Birth
Does the Child Receive Social Security Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, monthly amount received \$
If the child is now in High School, what is the expected date of graduation?	Month	Year
Name of High School	Address	
City	State	Zip
Where does the child live most of the time? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Equally <input type="checkbox"/> Not yet decided by court		

Name of Second Child		Gender
Social Security Number	Date of Birth	City of Birth
Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		County of Birth
Does the Child Receive Social Security Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, monthly amount received \$
If the child is now in High School, what is the expected date of graduation?	Month	Year

Name of High School		Address	
City		State	Zip
Where does the child live most of the time? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Equally <input type="checkbox"/> Not yet decided by court			

Name of Third Child		Gender	
Social Security Number	Date of Birth	City of Birth	
Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		County of Birth	
Does the Child Receive Social Security Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, monthly amount received \$	
If the child is now in High School, what is the expected date of graduation?		Month	Year
Name of High School		Address	
City		State	Zip
Where does the child live most of the time? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Equally <input type="checkbox"/> Not yet decided by court			

OTHER CHILDREN

Name	Date of Birth	<input type="checkbox"/> Mother's Child <input type="checkbox"/> Father's Child
Name	Date of Birth	<input type="checkbox"/> Mother's Child <input type="checkbox"/> Father's Child
Name	Date of Birth	<input type="checkbox"/> Mother's Child <input type="checkbox"/> Father's Child
Name	Date of Birth	<input type="checkbox"/> Mother's Child <input type="checkbox"/> Father's Child

Please include any additional information here:

TAX INTERCEPT INFORMATION: I understand that the Stockbridge-Munsee Child Support Department will submit any certifiable past-due child support debts to the State of Wisconsin tax/lottery intercept programs. I understand that I am applying for State IV-D services for purposes of submitting arrearages for Federal tax refund intercept programs. I understand that if I receive the other parent's intercepted tax refund money that is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan. **CHILD SUPPORT ORDERS:** I understand that the law does not permit percentage orders in child support agency cases. If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order. The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order. **Disclaimer:** The Stockbridge-Munsee Community will bring any necessary administrative or court actions to establish paternity (legal fatherhood) or to establish, or enforce a support order. However, the **child support attorney does not represent either parent**, but rather represents the Tribe's interest in enforcing support.

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social. I understand that I must cooperate with the child support agency by providing information that affects my case and by keeping my appointments with the agency.

Upon oath, I certify that to the best of my knowledge, the above information is true and correct.

Dated this ____ **day of** _____, **20** __

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20

Witness to signature this ____ day of _____ 20

Notary Public, State of WI
My commission is/expires: _____

Print name: _____
Address: _____