



Prairie Band Potawatomi Nation
Child Support Services
P.O. Box 174 11400 158th Road, Mayetta, KS 66509
P: 785-966-8340 F: 785-966-8377
Tribal Child Support Enforcement
Application for Child Support Services

Parent or Guardian:

Enclosed is the PBPN Tribal Child Support Services Application for Child Support Services. This application must be filled out in its entirety to open a child support case, modify and enforce child support orders. The information received in this application is being collected to ensure that all PBPN tribal children and children enrolled with or eligible for enrollment with a federal recognized tribe have avenues to establish, modify and enforce child support orders established by a tribal or state court pursuant to the title IV-D of the Social Security Act and as regulated by 45 CFR 309. In addition, the program will assist in establishing paternity for minor children as well as provide locate services for custodial and non-custodial parents.

The Federal regulations and PBPN tribal codes require that any party, who has a child support issue, must have an opened case with a program to ensure that all child support payments are monitored. This includes all requests for per capita payments for past due support that has been previously filed with the Tribal Court.

The processing of case depends upon on the information provided on the application. Please provide as much information as possible. Answer every question completely. If you don't know the answer, print "UNKNOWN"; if the question does apply print "N/A". The more information your case worker knows about your case, the better job he or she can do for you. Send the completed application, along with all forms, by mail or in person to the PBPN Child Support Services office.

Should you have any questions, please contact the PBPN Child Support Services at 966-8340.

To have a complete application you need to submit ALL of the following items:

1. Government issued photo I.D. for the applicant (driver's license, state I.D., Military I.D.)
2. Copy of Certificate of Degree of Indian Blood (CDIB) for the applicants. *If applicable.
 - a. If you do not have this certificate, one may be requested from the Enrollment Department, 16281 Q Road, Mayetta, KS 66509 Or toll free at 877.715.6789, ext. 3914.
3. Copy of State issued Birth Certificates issued for each child listed on the Child support application.
4. Verification of tribal enrollment and/or affiliation for each child listed on the application.
5. Copies of the Social Security cards for both the minor child(ren) and Applicant, listed on the application.
6. Copies of any/all orders relating to child support:
 - a. Custody
 - b. Guardianship
 - c. Divorce decree.
7. Affidavit of Direct Pay (this is to be completed if an order has previously been established by Divorce Decree, Temporary Order, Child Support Order, and only include monies that have been paid directly from the non-custodial parent to the custodial parent.)

You must submit all of the above required items for your application to be considered complete.

Thank you!



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STATEMENT OF UNDERSTANDING

Please initial and date after reading so we know you understand.

Initial_____ Date_____

1. I understand the Prairie Band Potawatomi Nation Child Support Program (PBPN) is here to act in the public interest to protect children's rights, protect the taxpayers, the tribe and to make sure that the parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of PBPN to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent. I give PBPN permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support or medical support.
2. I understand PBPN attorneys or child support staff does not represent me.
3. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with PBPN, law enforcement offices and the court. I will notify PBPN of my new address in writing every time I move.
4. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or prove who is the biological father of my child(ren). This includes any information that I know about or any documentation that I have.
5. I understand that PBPN cannot guarantee that it can determine who the biological father of my child is, collect the money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that PBPN cannot help with issues such as custody and property settlements. I agree to tell PBPN if I hire a private attorney to collect or modify child support or spousal support for me.
6. I agree PBPN will decide on the best way to collect the child support. This will include taking the overdue support from federal and state tax refunds that are due to the NCP. I understand that money collected from federal or state tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that PBPN or a state agency will hold the intercept for up to six months. I understand that I may receive tax collections that are actually owed to the NCP's current spouse and I agree that if the NCP's current spouse files an Injured Spouse claim for his/her portion of the tax refund collection, I will return that portion to the PBPN.
7. I agree that starting with the date of my application all money paid for child support will go through the Child Support Enforcement Tribal Payment Center. I give PBPN the authority to endorse child support checks made out to me. I understand that if I do not notify PBPN of direct payments or turn in child support paid directly to me, my case will be closed.
8. I understand if I keep child support payments to which I am not entitled because the NCP paid me directly for support assigned to the tribe or state or because payments were sent to me in error, PBPN will recover the overpayment from me. I understand PBPN shall be entitled to recover the overpayment by withholding amounts from my child support payment and/or through interception of my state tax refund.
9. I understand it is law that PBPN will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be paid to the tribe or state for any TANF/AFDC paid to me or my children in the past.
10. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with PBPN, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.
11. I understand that the PBPN has an agreement with the State of Kansas to submit my case for tax offset and other enforcement activities as needed to provide the full support for my children. I further understand that the State of Kansas will open my case for limited services only.



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OFFICE USE ONLY
Date Requested: _____
Date Received: _____
Case No. _____

PLEASE PRINT WITH BLUE OR BLACK INK

Please mark all that apply: This is my first application with the Prairie Band Potawatomi Nation of Kansas
 I am or the child(ren) are receiving assistance from the State of Kansas.
 I am reopening my case with the Prairie Band Potawatomi Nation of Kansas.

I. CUSTODIAL PARENT: This section is about the person with whom the child(ren) actually lives.

Full legal name: Last			First	Middle	Maiden/alias name
Date of Birth:	Social Security Number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race:	If Native American, what tribe?		Citizenship or Roll #:		
What is the relationship of the child(ren) to the custodial parent?				Who has legal custody?	
Mailing address:		City	State	ZIP Code	
County of residence:	Home phone number:	Cell number:	Message number:		
Is a private attorney currently working on your child support case?				Name of Attorney?	
Attorney's address:				Attorney's phone number:	

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, beginning with the most recent and working back for the past five years. You should list all full-time work, part-time work, military service, self-employment, other paid work, student and all periods of unemployment. The entire five year period must accounted for without breaks.

Name of Company and phone number	Address (city/state)	From mo/yr	To mo/yr	Occupation	Hours per week	Hourly income

DOMESTIC VIOLENCE INFORMATION

Have you or your child(ren) experienced any type of abuse? If yes, what type?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/>
Have you ever had a protective order against you or the NCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what court issued the order?	Date:
Do you believe that you or your children may be at risk of emotional or physical harm if the other parent knows where to find you?	
If yes, do you want a Family Violence Non-Disclosure Statement to complete and return to this office?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. INFORMATION ABOUT THE CHILD(REN). Please list only the children with the same mother and father on one application

Is the child receiving TANF, Medicaid and/or Medical benefits? Yes No **IF yes, where:**

Full legal name: Last		First	Middle	Social Security Number:	
Date of Birth:	City of birth:	State of birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what tribe?	Citizenship or Roll #:		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she in high school?		Name of school?		
School address:		City	State	ZIP Code	Graduation Year?
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	Last Name	First Name	
Legal Status:	<input type="checkbox"/> Support ordered for this child		<input type="checkbox"/> Paternity established, but no support ordered		
	<input type="checkbox"/> Paternity needs to be established		<input type="checkbox"/> Parents married, living apart, no support ordered		

Is the child receiving TANF, Medicaid and/or Medical benefits? Yes No **IF yes, where:**

Full legal name: Last		First	Middle	Social Security Number:	
Date of Birth:	City of birth:	State of birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what tribe?	Citizenship or Roll #:		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she in high school?		Name of school?		
School address:		City	State	ZIP Code	Graduation Year?
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	Last Name	First Name	
Legal Status:	<input type="checkbox"/> Support ordered for this child		<input type="checkbox"/> Paternity established, but no support ordered		
	<input type="checkbox"/> Paternity needs to be established		<input type="checkbox"/> Parents married, living apart, no support ordered		

Is the child receiving TANF, Medicaid and/or Medical benefits? Yes No **IF yes, where:**

Full legal name: Last		First	Middle	Social Security Number:	
Date of Birth:	City of birth:	State of birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what tribe?	Citizenship or Roll #:		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she in high school?		Name of school?		
School address:		City	State	ZIP Code	Graduation Year?
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	Last Name	First Name	
Legal Status:	<input type="checkbox"/> Support ordered for this child		<input type="checkbox"/> Paternity established, but no support ordered		
	<input type="checkbox"/> Paternity needs to be established		<input type="checkbox"/> Parents married, living apart, no support ordered		

Is the child receiving TANF, Medicaid and/or Medical benefits? Yes No **IF yes, where:**

Full legal name: Last		First	Middle	Social Security Number:	
Date of Birth:	City of birth:	State of birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what tribe?	Citizenship or Roll #:		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she in high school?		Name of school?		
School address:		City	State	ZIP Code	Graduation Year?
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?	Last Name	First Name	
Legal Status:	<input type="checkbox"/> Support ordered for this child		<input type="checkbox"/> Paternity established, but no support ordered		
	<input type="checkbox"/> Paternity needs to be established		<input type="checkbox"/> Parents married, living apart, no support ordered		

D. INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION:

What was the relationship between the mother and father of the child(ren)?			
<input type="checkbox"/> Never Married	<input type="checkbox"/> Married/Living Apart	Divorced	
Date of Separation:			
Date of Marriage:	City:	County:	State:

Please check if you have ever appeared in any court for one of the following reasons?

Child Support Divorce Child Custody Legal Paternity Domestic Violence

If yes, where did you appear?

City _____ County _____ State _____

**Please complete portions A, B, and C to the best of your knowledge.
If you need assistance completing any of these portions, please call or visit our office.**

A. COURT ORDER INFORMATION *(Attach copies of divorce decree, paternity order, custody order, or tribal order, etc.)*

Date of order:	Court Case Number:	Where was the court order issued? (district court, tribal court, CFR)	
City:	County:	State:	If tribal or CFR court, what tribe issued the order?
Was child support ordered?		If yes, how much?	Per week, bi-weekly, or per month?
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was a private attorney consulted for this order?		Name of attorney and phone number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. PENDING COURT ORDERS *(Please attach copy)*

Is there any legal action that affects the children?		Is the child(ren) in Indian Child Welfare (ICW) or Child Welfare custody? <input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No	
Date child(ren) placed in ICW/CW custody:		If child(ren) in ICW care, what tribe?	
Date of filing	Court Case Number:	County:	
State:	What court is the paperwork filed at?	If tribal court, what tribe?	
If child support has been ordered, how much is the non-custodial parent ordered to pay?		How often?	
Is a private attorney currently working on this order?		Name of attorney and phone number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

C. MODIFICATION OF CHILD SUPPORT *(Please attach copy)*

Date of modification:	Court Case Number:	Where is the order from? (district court, tribal court, CFR)	
City:	County:	State:	If tribal or CFR court, what tribe issued the order?
What was the child support modified to?		Per week, bi-weekly, or per month?	
Was a private attorney consulted for this order?		Name of attorney and phone number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

D. HEALTH INSURANCE COVERAGE *(Please attach copy)*

Who is the provider of health insurance?		If yes, which child(ren) is enrolled?	
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other person:			
Is the child(ren) enrolled in a health insurance plan?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cost per month to cover only the child(ren)?		Effective date:	
\$			

E. REFERRAL SECTION

How were you referred to PBPB?

If our office is able to enforce a child support order, please indicate how you would like to receive your child support payments:

Direct Deposit Debit Card

F. COMMENTS

Please provide additional information that you feel could assist our office in enforcing your child support order. (If necessary, you may use the back of the page)

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AFFIDAVIT OF CHILD SUPPORT RECEIVED
Use one form for payments RECEIVED from one parent.

1. If you have not received any child support payments from the non-custodial parent, 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 parent, complete section A and B. Start with the most recent year you received child support or were given a judgment and work back. **Do not forget to sign and date the affidavit before a notary public.**

SECTION A:

I, _____, state the following to be a record of any/all direct payments.

- I have not received any child support payments from the non-custodial parent.
- I have received child support payments from the non-custodial parent. These payments were made directly to me, not through the State of Kansas, from the date of my original order, for the following child(ren):

NAME	DATE OF BIRTH

SECTION B: INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT

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

Applicant's signature: _____ **Date:** _____

STATE OF: _____	(NOTARY USE ONLY)
COUNTY OF: _____	
I verify that the above named person signed this affidavit before me on this day of _____, 20__.	
Notary public: _____	My commission expires: _____



Prairie Band Potawatomi Nation Child Support Services

I _____ acknowledge that the information in the Child Support Services application and attached items are true to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

STATE OF: _____	(NOTARY USE ONLY)
COUNTY OF: _____	
I verify that the above named person signed this affidavit before me on this day of _____, 20_____.	
Notary public: _____	My commission expires: _____

Referral section:

Were you referred to PBPN Child Support Services from another agency or department? Yes No

If yes, by whom? _____

Comments: Please provide additional information that you feel could assist our office in enforcing your child support order.

Prairie Band Potawatomi Nation
Child Support Services
Children Come First

The following pages include an explanation of services provided by the Prairie Band Potawatomi Nation (PBPN) Child Support Services. Including an application and a reminder sheet with items you must submit with your completed application. It looks like a lot of information, but everything in this packet is important. Without a complete application, we cannot start to help you and your child or children.

The first thing you should know about the PBPN Child Support Services is we do not take sides. We work for what is in the best interest of your child or children. We do that by working to locate a non-custodial parent, taking necessary steps to determine paternity, establish and/or modify a legitimate child support order, and attempting to collect child support payments.

Please provide copies of your children's state birth certificate, CDIB card, Social Security card, two most recent payroll stubs, divorce decree and all orders signed by the court and a copy of paternity affidavit if you have one. Once your application is complete and we have all required forms, it will be reviewed to determine the best possible way to help your child or children. Again, we cannot begin working on your case until we have all the required documentation. Should you have additional information that would help us provide services to your children, please include the information with your application.

Please read the Statement of Understanding carefully. By signing the Statement, you agree to cooperate with PBPN Child Support Services, the laws of the nation, and applicable federal child support rules and regulations. If you have any questions, contact a PBPN Child Support employee at 785-966-4000 before you sign the document. Once the application is complete please mail to PBPN Child Support Services, P.O. Box 174 or 11400 158th Road, Mayetta, KS 66509.