

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:

Thank you!

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. Uverification 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.



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Tribal Child Support Enforcement Application for Child Support Services

STATEMENT OF UNDERSTANDING

Initial____

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

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 PRPN to have the same confidential

Date

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.



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	a Support Serv	1000						
PLEASE PRINT WITH BLUE O	OR <i>BLACK</i> INK							
Please mark all that apply: I. CUSTODIAL	☐ I am or t ☐ I am red	my first applicat the child(ren) a opening my case section is about t	re receive with the	ving ass e Prairi	sistance ie Band	from th Potawat	e State of Kans tomi Nation of	as. Kansas.
Full legal name: Last	First		liddle	III VVILII v		den/alias		:5.
P : (P) (I	C :-1 C	<u> </u>			C		1	
Date of Birth:	Social Sec Number:	urity			Sex:		ne male	
Race:	If Native A	American, what t	ribe?		Citizen	ship or R	oll #:	
What is the relationship of the	child(ren) to the	ne custodial pare	nt?		Who	has legal	custody?	
<u> </u>				~ : ,				
Mailing address:		City		State			ZIP Code	
County of residence:	Home p	phone number:	Cell nu	mber:		Messag	e number:	
Is a private attorney currently working on your child support case?						Name c	of Attorney?	
Attorney's address:					Attorney's phone number:			
Attorney's address: LIST BELOW ALL PRESENT A five years. You should list all ctudent and all periods of w	ll full-time wor	k, part-time wo	rk, milit	ary ser	vice, sel	ent and v	working back f	for the pas
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un Name of Company and	ll full-time wor	tate) Fro	year per	ary ser riod mu To	vice, sel	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of u	ll full-time wor nemployment.	k, part-time wo The entire five	year per	ary ser riod mu	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un Name of Company and	ll full-time wor nemployment.	tate) Fro	year per	ary ser riod mu To	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un Name of Company and	ll full-time wor nemployment.	tate) Fro	year per	ary ser riod mu To	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un. Name of Company and phone number	ll full-time wor nemployment. Address (city/s	tate) Fro	year per	ary ser riod mu To	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un Name of Company and	ll full-time wor nemployment. Address (city/s	tate) Fro	year per	ary ser riod mu To	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un. Name of Company and phone number	ll full-time worknemployment. Address (city/st	k, part-time wor The entire five tate) Fro mo	rk, milita year per om 7 /yr r	ary ser riod mu Γο mo/yr	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pas aid work, ks.
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un. Name of Company and phone number DOMESTIC VIOLENCE INFOR	Il full-time worknemployment. Address (city/standard) RMATION Experienced any	type of abuse? If	rk, milita year per om 7 /yr r	riod mu Fo mo/yr at type?	vice, sel ist acco	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pasaid work,
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un. Name of Company and phone number DOMESTIC VIOLENCE INFOR	Il full-time wor'nemployment. Address (city/standard) RMATION xperienced any pe: Physica	type of abuse? If	year per per per per per per per per per pe	riod mu Fo mo/yr at type?	Occupa	ent and v f-employ unted fo	working back f yment, other p r without brea Hours per	or the pasaid work,
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un. Name of Company and phone number DOMESTIC VIOLENCE INFOR Have you or your child(ren) ex.	RMATION xperienced any pee: Physical re order against prices.	type of abuse? If Verbal you or the NCP?	year per per per per per per per per per pe	riod mu To mo/yr at type? al Yes	Occupa	ent and vertical from the street of the stre	working back from the property of the property	or the paraid work, ks. Hourly income
LIST BELOW ALL PRESENT A five years. You should list al student and all periods of un. Name of Company and phone number DOMESTIC VIOLENCE INFORM Have you or your child(ren) examples a protective of the company and phone number. If yes, what court issued the one po you believe that you or your protective of the composition of the c	RMATION xperienced any pee: Physica re order against pur children may	type of abuse? If Verbal you or the NCP?	year per per per per per per per per per pe	ary serriod mu To mo/yr at type? al Yes	Occupa Date all harm i	ent and vertical from the street of the other than the street of the street	working back if yment, other provided without bread Hours perweek	or the paraid work, ks. Hourly income

NON CUSTODIAL PARENT INFORMATION: This section is about the person who **does not** have custody of I. the child(ren). **A. INFORMATION ABOUT THE FATHER** (or the person who may be the father of the child, if not the custodial parent) First Full legal name: Last Middle Alias name Social Security Number: Date of Birth: Place of Birth (city, state): Race: If Native American, what tribe? Citizenship or Roll #: Height: Eye Color: Hair Color: Identifying marks (tattoos, scars, etc.): Mailing address: City State ZIP Code Physical address: City State Zip Code County of residence: Home phone number: Cell number: Message number: Is the father currently remarried? If yes, to whom? Does the father have a lifetime hunting or fishing license? State or Tribal? Does the father belong to a Union? If so, ☐ No which one? ☐ Yes Does the father have a second job? If yes, where? ☐ No ☐ Yes Has the father ever been in jail or prison? Where? (city, state) If yes, when? Is the father retired? Where did he retire from? Is the father Any retirement benefits? Social Security disabled? benefits? ☐ No ☐ Yes Does the father own property or assets? \square Yes Real Estate (indicate the city, county, and state in which the property is located)? Registered Vehicles Names and Addresses of financial institution and account numbers Other (possessions of value, such as stocks or bonds) List information about the father's vehicle: Make: Model: Color: Tag Number: Tribal Tag: **Military Service Information:** Is the father in the military? If yes, dates of service: ☐ No ☐ Yes Branch of Service: □Coast Guard ☐ Air Force Army Navy ☐ National Guard Reserve Information: Is the father enlisted in the reserve? ☐ Yes Please provide additional information about the father's parents: Middle Telephone Number: First

Mother's name: Last

First

Middle

Telephone Number:

Address:

City

State

Zip Code

Telephone Number:

Name of Company and Address (city/state) From To Occup

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

B. INFORMATION ABOUT THE MOTHER

(if not the custodial parent)

Full legal name: Last	F	irst		Middle		Al	ias name			
Date of Birth:	Place of Birth (city, state):					So	Social Security Number:			
Race:	I	f Native American, w	?		Ci	Citizenship or Roll #:				
Height:	E	ye Color:				Н	air Color:			
Identifying marks (tattoos, scars, e	etc.):									
Mailing address:		City			State			ZIP Code		
Physical address:		City			State			Zip Code		
County of residence:		Home phone num	ber:	Cell nu	mber:		Message nun	nber:		
Is the mother currently remarried	?	If yes, to whom?					1			
Does the mother have a lifetime hu	ınting or fis	hing license?		State or '	Γribal?		Does the mothe	er belong to a Un	ion? If so,	
Does the mother have a second job	?			I.			If yes, where?			
Yes No Has the mother ever been in jail or	prison?		If yes, w	vhen?		,	Where? (city, st	ate)		
•		e retire from?		irement be	enefits?		s the mother	Social S	ecurity	
☐ Yes ☐ No							disabled?	benefit		
Does the mother own pro										
Real Estate (indicate the city, coun	ty, and state	e in which the prope	erty is ioca	atea)?						
Registered Vehicles										
Names and Addresses of financial	institution a	and account number	'S							
Other (possessions of value, such a	s stocks or	bonds)								
List information about the	e mother	's vehicle:								
Year: Make:		Model:		Color:		Та	g Number:	Tribal Ta	ng:	
Military Service Informati	ion:									
Is the mother in the military?		If	yes, dates	of service	:					
Yes No Branch of Service:										
Branch of Service: Air Force Army		☐ Marines		Navy		Coas	st Guard	☐ Nationa	ıl Guard	
Reserve Information: Is the mothe	r enlisted in	the reserve?		•						
Yes No										
Please provide additional Mother's name: Last	informa	First	mother	's parer Middle	its:	То	lephone Numb	or		
Address:		City		State			Code	ei.		
Father's name: Last		First		Middle			lephone Numb	or		
		City		State			Code			
Address:	ZNATENITE A		la a a-2-a 2		4la					
Name of Company and		or the mother (s (city/state)		ing with rom	To		nt. ipation	Hours per	Hourly	
phone number	Audres	s (city/state)		io/yr	mo/yr	Occi	ipation	week	income	
			1		•			1		

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

Parents married, living apart, no support ordered

Legal Status:

☐ Paternity needs to be established

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

Never Married	☐ Married/Living A	ather of the o	Divorced			
ate of Separation:	□ Married/Living A	part	Divorced			
ate of Marriage:	City:			County:		State:
lease check if you hav Child Support	ve ever appeared in any cou Divorce			ng reasons? ity \[\] Domestic	c Violence	
f yes, where did you a ity				Si	tate	
•	Please complete p	pleting ar	ny of these	portions, ple	ase call or v	isit our office.
A. COURT OR	DER INFORMATION (Attach copies	of divorce ded	cree, paternity ord ler issued? (distric	er, custody order	r, or tribal order, etc.)
	Court Case Number: County:	State:		er issued? (district CFR court, what t	•	
lity: Vas child support order	•	If yes, how		GER COULT, WHAT		veekly, or per month?
☐ Yes ☐ No		, 00, 110 77				J) F monon.
Vas a private attorney o ☐ Yes ☐ No	onsulted for this order?		Name of att	orney and phone	number:	
B. PENDING	COURT ORDERS (Please	attach copy))			
there any legal action	that affects the children?		Is the chi		Child Welfare (I	CW) or Child Welfare custody?
Yes No No No Nate child(ren) placed in	n ICW/CW custody:		Yes If child(r	no en) in ICW care, v	vhat tribe?	
ate of filing	Cou	rt Case Num			_	
		it case Nuiii	ber:		County:	- ruhat tviha?
	rt is the paperwork filed at? n ordered, how much is the n	an quatadial	namant and an	If tribal court, what tribe? rent ordered to pay? How often?		
ciliu support lias beel	i ordered, now much is the n	on-custouiai	parent ordere	eu to pay?	now often?	
s a private attorney cur Yes No	rently working on this order	?	Name o	f attorney and ph	one number:	
	TION OF CHILD SUPP	ORT (Please	e attach conv)			
ate of modification:	Court Case Number:			r from? (district c	ourt, tribal cour	t, CFR)
ity:	County:	State	e: If	tribal or CFR cour	t, what tribe iss	ued the order?
hat was the child supp	, , ,		Per week, bi-weekly, or per month?			
Jas a private attorney o	onsulted for this order?		Name of attorney and phone number:			
Yes No	onsuited for this order:		146	inc of actorney ar	ia phone numbe	,i.
	NSURANCE COVERAGI	E (Please atto	ach copy)			
/ho is the provider of h] Father	ealth insurance?	ĺ	Other pers	on:		
	d in a health insurance plan?			If yes, which chi	ld(ren) is enroll	ed?
Yes No ost per month to cover	only the child(ren)?				Effective date	2:
E. REFERRAL low were you referred						
low were you referred	to PDPIN!					
f our office is able to ayments: F. COMMENT	Direct Deposit	ort order, p		cate how you v	vould like to	receive your child support

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 no forget to sign and date the affidavit before a notary public.**

SECTION A:								
Ι,		, stat	e the following	to be a record	l of any/all dire	ect payments.		
☐ I have not rec	eived any child s	support payme	ents from the no	on-custodial p	arent.			
☐ I have receive State of Kansas, f	ed child support from the date of	payments fror my original or	n the non-custo der, for the follo	dial parent. Towing child(re	'hese payments en):	s were made d	lirectly to me, n	ot through the
NAME				DATE OF I	BIRTH			
SECTION B: INCLUDI								
	20	20	20	20	20	20	20	20
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Applicant's signature	e:				Date	<u>:</u>		
CTATE OF.					(NOTARY USI	E ONLY)	
•								
I verify that the above name	ed person signed	l this affidavit	before me on th	is day of		, 2	0 .	
Notary public:				My commis	ssion expires:			



order.

Prairie Band Potawatomi Nation Child Support Services

I acknowledge that the information in the Child Support Service application and attached items are true to the best of my knowledge.	es
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? \square Yes \square No	
If yes, by whom?	
Comments: Please provide additional information that you feel could assist our office in enforcing your child suppo	rt

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 <u>must</u> 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 <u>all</u> 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.