

CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM

31 Agency Square

Box Elder, MT 59521

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

<http://www.cctsp.org>

"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

☐ Authorization to Act - Signature must be notarized

☐ Enrollment Verification of all parties
(Only if enrolled with a Federally Recognized Tribe)

Comments (if any):

☐ Authorization for Release of Information - Signature must be notarized

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
PO Box 83
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 does not charge an application fee to individuals applying for child support services. There are other fees that the Child Support Program may require you to pay such as paternity testing fees.-

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

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.

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******PLEASE ONLY FILL OUT THIS SECTION IF YOU ARE NEITHER THE MOTHER OR THE FATHER/ALLEGED FATHER****

Legal Name: (First, middle, last) <input type="text"/>		
Your relationship to the child(ren): <input type="text"/>		
Social Security Number: <input type="text"/>	Date of Birth: <input type="text"/>	Race: <input type="text"/>
Mailing Address: <input type="text"/>		City, State, Zip Code: <input type="text"/>
Home Phone: <input type="text"/>	Work Phone: <input type="text"/>	
Message/Other: <input type="text"/>	E-Mail Address: <input type="text"/>	
Are you a member of a federal recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe? <input type="text"/>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must attach copies of any applicable orders.		

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Marriage: <input type="text"/>
City, county and state of marriage: <input type="text"/>	
Did the parents hold themselves out as husband and wife? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the parents ever file joint tax returns? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which years? <input type="text"/> What states? <input type="text"/>
Divorce/Order Information: Are the parents divorced? <input type="checkbox"/> YES <input type="checkbox"/> NO	City, County and State where order was entered: <input type="text"/>
<input type="text"/>	

Is there an order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO	City, County and State where order was entered: <input type="text"/>
Who is ordered to pay support? <input type="text"/>	Amount: <input type="text"/>
Have any verbal or written changes been made to the terms of the order? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe changes: <input type="text"/>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	City, county and state of action: <input type="text"/>

MOTHER'S INFORMATION
PART D

Mother's Legal Name: (First, Middle, Last) <input type="text"/>	Maiden Name: <input type="text"/>
Other Names Used: <input type="text"/>	
Street Address: <input type="text"/>	City, State, Zip: <input type="text"/>
Mailing Address: <input type="text"/>	City, State, Zip: <input type="text"/>
Home Phone Number: <input type="text"/>	Other Phone Number (cell, message, etc.): <input type="text"/>
E-Mail Address (If you wish to receive updates via e-mail) <input type="text"/>	Social Security Number: <input type="text"/>
Date of Birth: <input type="text"/>	Place of Birth (City, County, State) <input type="text"/>
Is the mother a member of a federal recognized tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which tribe? <input type="text"/>
Does the mother live on a reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which reservation, city, state? <input type="text"/>
If the mother is not a Native American, please indicate race: <input type="text"/>	
Mother's Employer: <input type="text"/>	Phone Number: <input type="text"/>
Mailing/Street Address: <input type="text"/>	City, State, Zip Code: <input type="text"/>
Work Hours: <input type="text"/>	Current Salary: <input type="text"/>
List Names and phones numbers of friends or other relatives who may know where the mother is.	

Name: <input type="text"/>	Home Phone Number: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Home Phone Number: <input type="text"/>	Relationship: <input type="text"/>
Name: <input type="text"/>	Home Phone Number: <input type="text"/>	Relationship: <input type="text"/>

Attempts to Collect Child Support and Public Assistance:

Does the mother have an attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Address of Attorney: <input type="text"/>
Has the mother received child support enforcement services from an agency in another state? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and address of agency: <input type="text"/>

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Types of Assistance: <input type="text"/>
Dates of Assistance: <input type="text"/>	City, County, State or Tribe: <input type="text"/>

General Information

Is the mother a student? <input type="checkbox"/> YES <input type="checkbox"/> NO	Expected Graduation Date: <input type="text"/>
A member or former member of the Armed Forces? If yes, which branch? <input type="text"/>	Rank/Years of Service: <input type="text"/>
Date entered: <input type="text"/>	Date discharged: <input type="text"/>

Does the mother receive any benefits or retirement income such as military retirement/disability, social security retirement, social security disability, workman's compensation or other retirement?

Is the mother currently incarcerated or on parole or probation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where are they incarcerated or what is their probation officers name/address? <input type="text"/>
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Does the mother: Have a driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, what is the state and number? <input type="text"/>
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FATHER/ALLEGED FATHER'S INFORMATION:

PART E

Father/Alleged Father's Legal Name: (First, Middle, Last) <input type="text"/>	Maiden Name: <input type="text"/>
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Other Names Used: <input type="text"/>	
Street Address: <input type="text"/>	City, State, Zip: <input type="text"/>
Mailing Address: <input type="text"/>	City, State, Zip: <input type="text"/>
Home Phone Number: <input type="text"/>	Other Phone Number (cell, message, etc.): <input type="text"/>
E-Mail Address (<i>If you wish to receive updates via e-mail</i>) <input type="text"/>	Social Security Number: <input type="text"/>
Date of Birth: <input type="text"/>	Place of Birth (City, County, State) <input type="text"/>
Is the father/alleged father a member of a federal recognized tribe? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which tribe? <input type="text"/>
Does the father live on a reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which reservation, city, state? <input type="text"/>
If the father is not a Native American, please indicate race: <input type="text"/>	
Father/Alleged Father's Employer: <input type="text"/>	Phone Number: <input type="text"/>
Mailing/Street Address: <input type="text"/>	City, State, Zip Code: <input type="text"/>
Work Hours: <input type="text"/>	Current Salary: <input type="text"/>
Attempts to Collect Child Support and Public Assistance:	
Does the father have an attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Address of Attorney: <input type="text"/>
Has the father received child support enforcement services from an agency in another state? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and address of agency: <input type="text"/>
Has the father applied for collection services from a private agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name and address of agency: <input type="text"/>	
Has the father received public assistance in any state? <input type="checkbox"/> YES <input type="checkbox"/> NO	Types of Assistance: <input type="text"/>
Dates of Assistance: <input type="text"/>	City, County, State or Tribe: <input type="text"/>
General Information	

Is the father a student? <input type="checkbox"/> YES <input type="checkbox"/> NO	Expected Graduation Date: <input type="text"/>
A member or former member of the Armed Forces? If yes, which branch? <input type="text"/>	Rank/Years of Service: <input type="text"/>
Date entered: <input type="text"/>	Date discharged: <input type="text"/>
Does the father receive any benefits or retirement income such as military retirement/disability, social security retirement, social security disability, workman's compensation or other retirement? <input type="text"/>	
Is the father currently incarcerated or on parole or probation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where are they incarcerated or what is their probation officers name/address? <input type="text"/>
Does the father: Have a driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, what is the state and number? <input type="text"/>

CHILDREN'S INFORMATION		PART F	
	Child 1	Child 2	Child 3
Child's Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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
Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of conception (City, State):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tribal Affiliation/Race	<input type="text"/>	<input type="text"/>	<input type="text"/>
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
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:	<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 child receive Social Security benefits/SSI?	<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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who is the Child Support Payments Made to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:\$ <input type="text"/> /per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$ <input type="text"/> /per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$ <input type="text"/> /per month
Additional Information:			
<input type="text"/>			

CHILDREN'S INFORMATION (continued)	Child 4	Child 5	PART F (CONTINUED)
	Child 4	Child 5	Child 6
Child's Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Names used/Nicknames:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of conception (City, State):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tribal Affiliation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who is the Child Support Payments Made to?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:\$ <input type="text"/> /per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$ <input type="text"/> /per month	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount:\$ <input type="text"/> /per month
Additional Information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			

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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ <input type="text"/> Amount/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ <input type="text"/> Amount/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ <input type="text"/> 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ <input type="text"/> Amount/Month
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ <input type="text"/> Amount/Month

CHIPPEWA CREE TRIBE CHILD SUPPORT PROGRAM

AFFIDAVIT OF SUPPORT RECEIVED OR PAID

Children:	<div></div>	Mother:	<div></div>
	<div></div>		
	<div></div>	Father:	<div></div>
	<div></div>		

Read all the choices carefully **before** you check the box or boxes that apply. 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 _____)
County of _____) :ss.

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

Include only payments received for Child Support

Month	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>	20 <input type="text"/>
January	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
February	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
March	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
April	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
May	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
June	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
July	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
August	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
September	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
October	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
November	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
December	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach additional pages if needed for prior years

Date

Print Name

Signature

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

(seal)

Notary Public

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 _____)
County of _____) :SS

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

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.

Notary Public

(Seal)