



EASTERN SHOSHONE TRIBE
Child Support Program
PO Box 1573
Fort Washakie, WY 82514
307-335-8371



APPLICATION FOR CHILD SUPPORT SERVICES

Please PRINT with Blue or Black Ink

GRANDPARENT/FOSTER CARE/ OTHER APPLICATION

Filling Out This Form:

I understand that by applying for services from the Eastern Shoshone Child Support Program, I am also applying for State IV-D services for purposes of attaching the non – custodial parent’s income tax refund to collect the child support owed to me.

Please fill out this form the best you can. If you do not know or are not sure about some of the information, leave that part blank. The more information you are able to provide will help the Case worker better help you. If you have any questions about this form, please talk with your Case worker.

If application is not complete and you do not have all the required Documents, we will ask you to make another appointment, so please fill out all areas to the best of your knowledge and bring all Documents that are highlighted.

❖ **If you have more than one case – (different mother/father) you will need to complete a separate application for each case.**

PLEASE BRING THE FOLLOWING ITEMS TO THE APPOINTMENT:

- 1. Social Security Cards for yourself and the children.**
- 2. State or Tribal Identification for yourself.**
- 3. Verification of Address (EX: Utility Bill, pay stub)**
- 4. A copy of Birth Certificate for the children.**
- 5. A copy of the latest Order. (EX: Divorce, custody, or placement order) – If applicable.**
- 6. Picture of absent parent – if Available.**

ESFN: _____

Request for Services

Relationship to Child/Children: <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____
Do you need assistance filling out this form due to difficulty with reading or writing the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answered yes – please stop and schedule an intake appointment before proceeding.)
Services Requested: <input type="checkbox"/> Establish Paternity <input type="checkbox"/> Establish Child Support Order <input type="checkbox"/> Enforce (Collect) Child Support <input type="checkbox"/> Review Support Order (Modification Request) <input type="checkbox"/> Establish Medical Support Order <input type="checkbox"/> Locate Absent Parent

Person Requesting Services: _____ **Date:** _____

Section I – Custodial Parent Information: (your information)

Legal Name:	Last:	First:	Middle:	Maiden:
AKA: (other names used)				

Social Security Number:	Date of Birth:	Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	City:	State:	Zip code:
Residential Address: (where you live)	City:	State:	Zip code:
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State
Race:	Affiliated Tribe:	CDIB Card: (tribal ID) <input type="checkbox"/> Yes <input type="checkbox"/> No	CDIB Number: (Tribal ID Number)
Employer Name:	City:	State:	Zip code:
Work Phone Number:	Income: \$	Date of Employment:	
Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service, if applicable:
Vehicle Information: Year/Make/Model:	Color :	Tag Number:	State:
How is Custodial Parent related to the children/child:	If not biological parent, does Custodial Parent have legal custody of Children/child:		
If married, What's current spouse's name:			
Name and Address of additional contact person:			Relationship:
Has an Attorney been consulted concerning the enforcement of child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide Attorney's name and Address:			

Section II Non-Custodial Information: (Mother)

Legal Name:	Last:	First:	Middle:	Maiden:
AKA: (other names used)				

Social Security Number:	Date of Birth:	Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City:	State:	Zip code:
Residential Address: (where they live)		City:	State:	Zip code:
County of Residence:	Home Phone Number:	Cellular Phone Number:	Message Phone:	
Race:	Affiliated Tribe:	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No CDIB Number:	Birth City/State:	
Height:	Weight:	Eye Color:	Hair Color:	
Employer Name:		Address:	State:	Zip code:
Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Premium: \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month		How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
Work Phone Numbers: Work Fax Number:		Income: \$	Approx. Date of Employment:	
Currently Incarcerated: <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Where and when?				
Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Branch of Service:	Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, do they receive – <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____				
Vehicle Information: Year/Make/ Model: _____ Color: _____ Tag Number: _____ State: _____				
1. _____				
2. _____				
To the best of your knowledge has Non-Custodial Parent consulted an Attorney concerning Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If so, Please provides Attorney's Name, Address, and Phone Number.				
Name and Address of additional contact person:			Relationship:	
Is the non-custodial parent living with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES-with whom? _____ Relationship: _____				

FOR LOCATE PURPOSES – Please provide information about the non-custodial parent’s relatives/friends/parents:

Mother’s Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Father’s Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Relative’s Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

LOCATE AND INFORMATION ON MOTHER:

Do you know where the mother is? _____

Would she be willing to talk to us about her child’s father? _____

Do you know what State the child was conceived in? _____

Do you know when the child was conceived? _____

Was the mother of the child married to anyone other than the possible father when the child was conceived?

Yes No if so, whom? _____

Do you know how/where the mother met the possible father? (Party, bar, powwow, etc.) _____

Did someone introduce them? Yes No if so who was that and can you get in touch with them to obtain information? _____

Did the mother talk about the possible father? Yes No Did she mention any names? _____

Additional information concerning Non-Custodial Parent: Identifying Marks:

Section II Non-Custodial Information: (FATHER)

Legal Name:	Last:	First:	Middle:	Maiden:
AKA: (other names used)				

Social Security Number:	Date of Birth:	Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City:	State:	Zip code:
Residential Address: (where they live)		City:	State:	Zip code:
County of Residence:	Home Phone Number:	Cellular Phone Number:	Message Phone:	
Race:	Affiliated Tribe:	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No CDIB Number:	Birth City/State:	
Height:	Weight:	Eye Color:	Hair Color:	
Employer Name:		Address:	State:	Zip code:
Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Premium: \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month		How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly		
Work Phone Numbers: Work Fax Number:		Income: \$	Approx. Date of Employment:	
Currently Incarcerated: <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Where and when?				
Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Branch of Service:	Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, do they receive – <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____				
Vehicle Information: Year/Make/ Model: _____ Color: _____ Tag Number: _____ State: _____				
1. _____				
2. _____				
To the best of your knowledge has Non-Custodial Parent consulted an Attorney concerning Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If so, Please provides Attorney's Name, Address, and Phone Number.				
Name and Address of additional contact person:			Relationship:	
Is the non-custodial parent living with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES-with whom? _____ Relationship: _____				

FOR LOCATE PURPOSES – Please provide information about the non-custodial parent’s relatives/friends/parents:

Mother’s Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Father’s Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Relative’s Name: _____ **Phone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

LOCATE AND INFORMATION ON FATHER:

Would anyone else have any information on the possible father? _____

Are there any friends that may have information on the father? _____

Do you know what kind of work the possible father does? _____

Do you know if the possible father is married or has other children? Yes No if so explain: _____

Do you know if he has relatives in the area? _____

Additional information concerning Non-Custodial Parent: Identifying Marks: Physical description:

Section III – Children/Child Information:**Child 1:**

Legal Name:		Last:	First:	Middle:
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of child to the Applicant:		Is there a current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:		City:	State:	Zip code:
County of Residence:	Home Phone Number:		Birth City/State:	
Race:	Affiliated Tribe:		CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown CDIB Number:	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:		Name and Address of School:	

Child 2:

Legal Name:		Last:	First:	Middle:
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of child to the Applicant:		Is there a current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:		City:	State:	Zip code:
County of Residence:	Home Phone Number:		Birth City/State:	
Race:	Affiliated Tribe:		CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown CDIB Number:	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:		Name and Address of School:	

Child 3:

Legal Name:		Last:	First:	Middle:
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of child to the Applicant:		Is there a current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:		City:	State:	Zip code:
County of Residence:	Home Phone Number:		Birth City/State:	
Race:	Affiliated Tribe:		CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown CDIB Number:	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:		Name and Address of School:	

Child 4:

Legal Name:		Last:	First:	Middle:
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of child to the Applicant:		Is there a current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address:		City:	State:	Zip code:
County of Residence:	Home Phone Number:		Birth City/State:	
Race:	Affiliated Tribe:		CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown CDIB Number:	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:		Name and Address of School:	

Section IV - Domestic Violence:

Have you or your children/child ever experience any type of abuse during this relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what type? <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual
Has a Protective Order ever been issued against you or the NCP? <input type="checkbox"/> yes <input type="checkbox"/> No If so, when and where?
Do you feel that you or the child/children may be at risk of physical harm at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel that you or the child/children may become at risk of physical harm at some point in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section V – Tribal/State TANF Information:

Are you or your child/children currently receiving TANF? <input type="checkbox"/> Yes/State <input type="checkbox"/> Yes/Tribal <input type="checkbox"/> No If yes, beginning Date:	Have you or your child/children ever received TANF? <input type="checkbox"/> Yes/State <input type="checkbox"/> Yes/Tribal <input type="checkbox"/> No If yes, beginning/ending Date:
If yes, case manager's name and location:	
Are you or your child/children currently receiving any other type of Tribal or State Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and where?	

Section VI – Court Information:

The following section pertains to all court documents and information concerning an existing child support case. Please provide as much information as possible or information you may feel is relevant to child support. Attach all copies of Child Support Orders, Divorce Decree, Child Custody Orders, Paternity Orders, Domestic Violence, etc.

Have you appeared in court for the following: Child support Legal paternity Divorce Child custody
 Domestic violence Modification of an existing Child Support order

If so, what court and when?	Amount of monthly support ordered:	Judgment amount ordered:
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Court Case Information:

Court Name:	Case Number:	Court order date:	<input type="checkbox"/> Tribal Court <input type="checkbox"/> District Court <input type="checkbox"/> CFR Court
Is there any legal action presently pending concerning the child/children in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Are the Child/children currently, or have they been in the past, in the custody of Indian Welfare (ICW) or State Child Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:			
Has the Child/children at any given time lived with the non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give detail:			
What was the relationship between the father and the mother of the child/children? <input type="checkbox"/> Never married <input type="checkbox"/> Married/living separate <input type="checkbox"/> Divorced			
If Married:	Date of Marriage:	City:	County: State:
If you have a Child Support Order for the Child/Children listed on this form – please list the information below and attach copies of any court orders, decrees, or stipulations involving child support. If you have a different order for each child – list the information separately.			
Child's Name:	County & State of Order:	Monthly Amount Ordered:	
Child's Name:	County & State of Order:	Monthly Amount Ordered:	
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 and not this person)			
NAME: _____ Date of Birth: _____ SS# _____			
Address: _____, City: _____, State: _____, Zip: _____			

Section VII – Custodial Parent Affidavit of Child Support Received:

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. These payments were not collected through a Tribal or State Child Support Agency. These payments were made for the following child/children:

	Year	Year	Year	Year	Year	Year	Year	Year
January	\$	\$	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$	\$	\$
October	\$	\$	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$	\$	\$

Section VIII – Affidavit of Truthfulness and Cooperation:

I authorize the Eastern Shoshone Child Support Program (ESCSP) to act, in the interest of the child (ren) named in this application, for their rights to financial and emotional support from both parents. I understand the information I provide will be used to make necessary investigations or verification of information required to provide services. I understand that all ESCSP information is protected by applicable Federal and Tribal law and shall not be disclosed to any entity or party not authorized to receive it. I certify that I have made full and complete disclosure of all information known to me. The information I have provided is accurate and truthful. I understand that providing false information may result in delay of ESCSP services, reported as non-cooperative to other service programs, and legal actions being taken against me,

I understand that by applying for services from the Eastern Shoshone Child Support Program, I am also applying for State IV-D services for purposes of submitting past due support, for federal tax refund offset, administrative offset or passport denial.

Applicant Print Name: _____

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

Signature of Parent/Legal Guardian of Applicant, If not of legal age: _____

Relationship to Child (ren): _____

E-Mail Address: _____

State of _____

County of _____

Subscribed and sworn to before me on this _____ day of _____, _____.

SEAL:

Notary Public
Commission Expires: _____

***OFFICE PERSONNEL ONLY* - Case Initiation:**

ESFN: _____ Active: Yes No Pending

NCP Client No: _____ CP Client No: _____

Intake interview conducted by: _____ Date: _____
(Signature)