



**Eastern Shoshone Child Support Program**  
PO Box 1573  
Fort Washakie, WY 82514  
Office Phone Number: 307-335-8371  
Fax Number: 307-332-3089

**VOLUNTARY AGREEMENT TO TRANSFER CASE**

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DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

I \_\_\_\_\_, AM REQUESTING THE \_\_\_\_\_  
TO CLOSE MY CASE WITH NCP \_\_\_\_\_ AND TRANSFER ALL  
RELATED INFORMATION TO THE EASTERN SHOSHONE TRIBAL CHILD SUPPORT  
PROGRAM.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**TO BE FILLED OUT BY AGENCY TRANSFERING CASE.**

CASE NUMBER WITH: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

CLIENT SSN: \_\_\_\_\_

NON-CUSTODIAL PARENT NAME: \_\_\_\_\_

SHOULD YOU HAVE ANY QUESTIONS OR NEEDS ADDITIONAL INFORMATION PLEASE FEEL FREE  
TO CONTACT OUR OFFICE.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary/Court Clerk

My commission expires: \_\_\_\_\_