



EASTERN SHOSHONE TRIBE

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



APPLICATION FOR MODIFICATION **OF CHILD SUPPORT**

Please PRINT with Blue or Black Ink

Filling Out This Form:

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.

- ❖ When you have completed filling out this application, please call 307-335-8371 to schedule an appointment.
- ❖ Ask to schedule an Intake appointment for Child Support.
- ❖ 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. ☐ A letter in writing requesting a modification/review;
2. ☐ Current employer and income information; and
3. ☐ Information regarding other child support payments associated with children of additional cases.
4. ☐ A copy of the latest Order. (EX: Divorce, custody, or placement order) – if applicable.

MODIFICATION OF CHILD SUPPORT - Please attach a copy of order.

Date of Modification:	Court Case Number:	Where is the order from? (District Court, Tribal Court, CFR)
City:	County:	State or Tribe:
What was the child support order modified to?		How Often?
Was a private attorney consulted for this order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Attorney/Address:	

Name of Person Applying For Services: _____**Relationship to Child(ren):** ☐ Mother ☐ Father ☐ Other: _____**Do you need assistance filling out this form due to difficulty with reading or writing the English language?**☐ Yes ☐ No (If you answered yes – please stop and schedule an intake appointment before proceeding.)**Services Requested:** ☐ Establish Paternity ☐ Establish Child Support Order ☐ Enforce (Collect) Child Support
☐ Review Support Order (Modification Request) ☐ Establish Medical Support Order ☐ Locate Absent Parent**If you have a Child Support Order for the Child(ren) 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:
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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: _____