



# EASTERN SHOSHONE CHILD SUPPORT PROGRAM



## STATEMENT OF UNDERSTANDING – LIMITATION OF REPRESENTATION

The Eastern Shoshone Child Support Program (ESCSP) contracts with county agencies and a private company to provide child support services for the Eastern Shoshone Tribe. These contractors are known as Child Support Enforcement (CSE) offices.

### 1. General

By signing the "Statement of Understanding and Release of Information," you give ESCSP the right to take any action it determines is necessary and correct according to federal and state law on your child support case.

Such action may include referring your case to a child support attorney. Child support attorneys are employed by ESCSP and represent the Eastern Shoshone Child Support Program. The child support attorney does not represent you. Only ESCSP can direct the way your case is handled by the child support attorney. ESCSP direction is determined by state and federal law.

By law, child support attorneys only deal with the issue of child support and cannot become involved in issues such as custody or visitation. If you are not satisfied with the actions taken by ESCSP, please talk with a local manager or contact the Eastern Shoshone Child Support Enforcement Director in Fort Washakie. You may hire a private attorney to represent you at any time. If you do hire a private attorney you must notify ESCSP.

If you are not currently receiving public assistance such as, Temporary Assistance for Needy Families (TANF), Personal Opportunity with Employment Responsibility (POWER) or Medicaid, you may withdraw your application for child support services. However, if you have ever received public assistance, ESCSP may continue to collect support on your case for debts still owed to the Tribe or State of Wyoming.

### 2. Confidentiality

ESCSP may be required to reveal certain information that you provide to the other party. For ESCSP to handle your case effectively, you must sign the "Release of Information," which is on the next page.

There is no attorney-client relationship between ESCSP, the child support attorney, and you. The child support attorney does not owe you the same special duty of confidentiality that would apply if the attorney represented you personally. For example, ESCSP may use information you provide if:

- ✓ You have received public assistance and failed to report child support or other income to ESCSP and the Tribal/State brings charges of welfare fraud.
- ✓ You or your current spouse become subject to another child support action. In this case, ESCSP may use information you provide in an action to collect child support for another parent.
- ✓ The non-custodial parent applies for a modification of child support.
- ✓ ESCSP needs to request information about you from the Eastern Shoshone Tribal Departments, Wyoming Department of Employment, the Internal Revenue Service, from your employers, Social Security, or sometimes from your medical insurance providers.



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### 3. Conflict of Interest

**The child support attorney represents only the interests of the Eastern Shoshone Child Support Program.**

There may be times when the ESCSP's interests are not the same as your personal interests. For example, the ESCSP may keep a portion of the other parent's child support payments to pay off any public assistance, TANF, POWER or Medicaid, debt due on in the case. This money is collected along with any money owed to you.

There are times when the non-custodial parent has multiple child support cases for other children with other custodial parents and your interests are not the same as the interests of the other custodial parent. If this occurs your case will not receive special treatment. For example, if the non-custodial parent of your child (ren) has multiple child support cases for other children with other custodial parents, then any child support collected may be divided between all of the non-custodial parent's cases. ESCSP cannot favor one family over another.

If the non-custodial parent of your child (ren) were to obtain custody of the child (ren), ESCSP might be required to establish an order for you to pay child support and to collect from you.

Under some circumstances, ESCSP may be required to seek a reduction in the support amount, for example, if the non-custodial parent's income were to change.

The decision to appeal any decision on behalf of the ESCSP will be made by ESCSP and the child support attorney. You have the right to retain a private attorney to appeal any decision on your behalf and you may do so whether the ESCSP decides to file an appeal or not. You must advise ESCSP if you obtain a private attorney.

### 4. Services Provided

Services provided by ESCSP are limited to enforcing rights to child support; locating the non-custodial parent; establishing paternity; establishing and enforcing orders for child support and medical support; reviewing support orders for possible modification. These services do not include actions or issues involving custody or visitation.

### 5. Overpayment

An overpayment can be a payment sent to the wrong custodial parent by the Eastern Shoshone Finance Department, an erroneous payment based on a bad check, or the reversal of an electronic payment due to insufficient funds. In any case, the custodial parent should not keep overpayments made in error. Therefore, by initialing the space on the next page, you are authorizing the Eastern Shoshone finance Department to withhold a minimum of 10 percent of your future child support payments to correct the overpayment.



## EASTERN SHOSHONE CHILD SUPPORT PROGRAM

If you have any questions about Eastern Shoshone Child Support Program (ESCSP) or any of the other information provided, you should have them answered before authorizing ESCSP to collect child support for you.

**DO NOT SIGN THIS UNLESS YOU UNDERSTAND AND AGREE TO ALL OF THE TERMS.**

***I have read and understand the above terms of my relationship with ESCSP. I understand I am NOT represented personally by the child support attorney.***

\_\_\_\_\_  
Signature of the Applicant for child support services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Print Name)

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

Official Position: \_\_\_\_\_





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### STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION

**Please read and initial each of the following statements:**

I give my permission to release the following to ESCSP:

- \_\_\_\_\_ All income information from past, present, and future employers.
- \_\_\_\_\_ All additional income received from government programs such as Unemployment, Worker's Compensation, Social Security, and the Internal Revenue Service (IRS).
- \_\_\_\_\_ All additional information from Tribal enrollments, employment, TANF, social services.

Any financial and medical insurance information released will be used by ESCSP only for the purpose of establishing and enforcing a child support obligation. I understand that ESCSP may be required to release this information to the other parties while providing support enforcement services to me.

**Please read and initial the following statements.**

- \_\_\_\_\_ I understand that unless I have a Protective Order, ESCSP may have to release my address and social security number and those of the child (ren) to the other parent.
- \_\_\_\_\_ I consent to the enforcement of any medical support order entered on my behalf.
- \_\_\_\_\_ The Eastern Shoshone Finance Department may withhold 10 percent from any future child support payments to correct an overpayment.

**Please mark the appropriate answer to the following two (2) statements.**

I am represented by an attorney. Yes \_\_\_\_\_ No \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

I currently have a Protective Order. Yes \_\_\_\_\_ No \_\_\_\_\_

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**DO NOT SIGN THIS UNLESS YOU UNDERSTAND AND AGREE TO ALL OF THE TERMS.**

***I have read and understand the above terms of my relationship with ESCSP. I understand I am NOT represented personally by the child support attorney.***

\_\_\_\_\_  
Signature of the Applicant for child support services.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Print Name)

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

Official Position: \_\_\_\_\_