

Dear Applicant,

Please complete the enclosed application, which is necessary to initiate child support services from the Ponca Tribe Child Support Services program (CSS), and mail to *P.O. Box 1991, Ponca City, OK 74602*. Prior to submitting, please attach all documentation necessary before returning to the address listed above. *Failure to submit all documentation will delay your child support case until all information is received.*

Once the application is reviewed, the application will be reviewed to ensure the best possible way to assist you and your children. You must notify CSS of any changes such as address and employment for yourself and the non-custodial parent. Please be aware that the more information you provide, the faster we can help you.

CSS wants to help you collect child support due to your children, but it is important that you understand what we can and cannot do.

WE CAN:

- 1) Use tribal, state and national resources to locate the non-custodial parent;
- 2) Take necessary steps to determine paternity;
- 3) Establish and/or modify an existing child support order;
- 4) Attempt to collect child support through contempt of court proceedings, and income assignments; and
- 5) Ensure that all personal information such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the custodial and non-custodial parents.

WE CANNOT:

- 1) Represent you or the other party to your child support case in child support, custody, guardianship or visitation matters; or
- 2) Compel other tribes or states, if the non-custodial parent(s) live out of the tribal child support boundaries to handle your case in any way other than mandated by **THEIR** laws and procedures.

Please read the *Statement of Understanding* carefully. If you have any questions, please contact the CSS office prior to signing the application. You may locate a notary public at any local child support office, court clerk or bank.

We appreciate the opportunity to serve you and your family.

Sincerely,

Ponca Tribe Child Support Services

PONCA TRIBE CHILD SUPPORT SERVICES

P.O. BOX 1991 / 198 White Eagle Drive

PONCA CITY, OK 74602

Phone: (580) 765-2822 Toll Free: (866) 721-1970 Fax: (580) 762-6868

Request for Services

Person Requesting Services: _____
Applicant Date

Section I – Please answer the following questions concerning the Non-Custodial Parent:

	Last	First	Middle	Maiden
Legal Name:				
AKA:				
Social Security Number:	Date of Birth:	Present Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:	City		State	Zip Code
Residential Address:	City		State	Zip Code
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State, if known:	
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Identifying Marks:	
Height:	Weight:	Eye Color:	Hair Color:	
Employer Name:	City		State	Zip Code
Work/Fax Phone Numbers:	Income: \$ _____ Hour/Week/Month	Approx. Date of Employment:	Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Branch of Service, if applicable:	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	
Vehicle Information: Year/Make/Model:	Color	Tag Number:	Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To your knowledge, has Non-Custodial Parent consulted an attorney concerning child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide attorney's name and address.				
Name and Address of additional contact person:				Relationship
Additional information concerning Non-Custodial Parent:				

Section II – Please answer the following questions concerning the Custodial Parent:

	Last	First	Middle	Maiden
Legal Name:				
AKA:				
AKA:				

Social Security Number:	Date of Birth:	Present Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	City	State	Zip Code
Residential Address:	City	State	Zip Code
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Identifying Marks:
Employer Name:	City	State	Zip Code
Work Phone Number:	Income: \$ _____ Hour/Week/Month	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:	Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No
How is Custodial Parent related to the Children?	If not biological parent, does Custodial Parent have legal custody of Children?		
If married, 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.			
Additional information concerning Custodial Parent:			

Section III – Please answer the following questions concerning the Children:

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(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 ever experienced any type of abuse during this relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 children are at risk of physical harm at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you feel that you or the children may become at risk of physical harm at some point in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section V - TANF Information

Are you or your children currently receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, beginning date:	Have you or your children ever received TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, beginning/ending date:
If yes, case manager's name and location:	
Are you or your 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: <input type="checkbox"/> Child support <input type="checkbox"/> Legal paternity <input type="checkbox"/> Divorce <input type="checkbox"/> Child custody <input type="checkbox"/> Domestic violence <input type="checkbox"/> Modification of an existing order	
If so, what court and when?	
Has child support been ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what court ordered support? Amount of monthly support: \$	
Has a judgment been entered for past due support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what court entered judgment? Judgment amount: \$	
Has a modification ever taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?	
Is there any legal action presently pending concerning the children in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.	
Are the children currently, or have they been in the past, in the custody of Indian Child Welfare (ICW) or State Child Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give details.	
What was the relationship between the father and the mother of the children? <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced	
If Married:	Date of Marriage City County State

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 children:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

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

Signature of Custodial Parent: _____ Date: _____

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

N.C.P. Client No. _____ C.P. Client No. _____
 Child 1 Client No. _____ Child 2 Client No. _____ Child 3 Client No. _____
 Child 4 Client No. _____ Child 5 Client No. _____ Child 6 Client No. _____

***OFFICE PERSONNEL ONLY* - FGN & Case No:**

NCP FGN: _____ CP Case No. _____ Active: Yes No Pending

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

Section VIII - Custodial Parent Statement of Understanding

I understand the Child Support Services department (CSS) is here to act in the interest of children’s rights, the tribe, and to make sure that parents financially support their children. Information I provide will be kept from the general public but may be used as needed to collect support from either parent. I give CSS permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support.

I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with CSS, law enforcement offices and the court. I will notify CSS of my new address in writing every time I move.

I understand CSS cannot guarantee that it can determine who the biological father of my child is, collect the money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that CSS cannot help with issues such as custody and property settlements. I agree to tell CSS if I hire a private attorney to collect or modify child support or spousal support for me.

I agree that starting with the date of my application, all money paid for child support will go through the Child Support office. I give CSS the authority to endorse child support checks made out to me. I understand that if I do not notify CSS of direct payments or turn in child support paid directly to me, my case will be closed.

I understand if I keep child support payments to which I am not entitled because the NCP paid me directly for support assigned to the tribe or state or because payments were sent to me in error, CSS will recover the overpayments from me. I understand CSS shall be entitled to recover the overpayment by withholding amounts from my child support payments.

I understand it is law that CSS will collect money owed to a tribe or state for any TANF/AFDC my child(ren) received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be paid to a tribe or state for any TANF/AFDC paid to my child(ren) or me in the past.

I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with CSS, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

Applicant’s signature: _____ Date: _____

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

State of Oklahoma)
) ss.
County of _____)

The foregoing instrument was executed before me this ____ day of _____, 20____.

Notary Public
Commission Number: _____
My Commission Expires: _____

The following documents must be attached to this Application:

- Copies of state-issued birth certificates for all children
- Copies of CDIB cards for Applicant and children
- Copies of social security cards for Applicant and children
- Copies of all court orders, Divorce Decree, Paternity Affidavits, etc.
- Copy of Applicant’s driver’s license

PONCA TRIBE CHILD SUPPORT SERVICES

P.O. BOX 1991 / 198 WHITE EAGLE DR.

PONCA CITY, OK 74602

Phone: (580) 765-2822 Toll Free: (866) 721-1970 Fax: (580) 762-6868

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize Ponca Tribe Child Support Services bearing this release, or a copy thereof, within one year of its date, to obtain any information relating to my activities from schools; credit bureaus; residential management agents; employers; criminal justice agencies or individuals. This information may include and is not limited to, academic; residential; achievement; performance; attendance; personal history; disciplinary; arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians; from any and all liability for damages of whatever kind of nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Date: _____/_____/_____

Signature (full name): _____

Full name (printed): _____

Aliases: _____
(include any married names, nicknames and/or maiden names)

Social Security number: _____ - _____ - _____ **Date of Birth:** _____/_____/_____

Current address: _____

Telephone number: (_____) _____ - _____

The request of your Social Security number is a means to uniquely identify your application records within our tribal files. By providing an accurate Social Security number and full name you assure the accomplishment of application process.