



APPLICATION FOR CHILD SUPPORT SERVICES

Mailing address:

8825 34th Ave Ne Ste. L-545

Tulalip WA 98271

Location:

6406 Marine View Dr.

Tulalip WA 98271

Phone: 360*716*4556

Fax: 360*716*0309

We are available Monday - Friday 8:00 am - 4:30 pm

TULALIP CHILD SUPPORT STAFF:

Heidi Fryberg – Supervisor /Case Mng	360*716*4567	hfryberg@tulaliptribes-nsn.gov
Roseann Reeves – Case Manager	360*716*4524	rreeves@tulaliptribes-nsn.gov
Jacqueline Stewart – Case Manager	360*716*4528	jmstewart@tulaliptribes-nsn.gov
Sparrow Hunt – Intake Clerk	360-716*4556	shunt@tulaliptribes-nsn.gov
Nicole Furgeson- Finance Specialist	360-716-4557	nferguson@tulaliptribes-nsn.gov

Email: tcsp@tulaliptribes-nsn.gov



TULALIP CHILD SUPPORT PROGRAM

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APPLICATION FOR CHILD SUPPORT SERVICES

CUSTODIAL PARENT

This section is about the person who *has custody* of the child (ren)

Legal name: last, first, middle			Maiden:
Date of Birth:	Place of Birth: (city, state, country)	Social Security Number:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Race:	If Native American, what Tribe?	Tribal ID #:	
What is the relationship of the children to the custodial parent?		Who has legal custody?	
Mailing Address: (City, State, Zip Code)			
Home Address (if different from mailing address):			
Telephone: Home: _____ Work: _____ Cell: _____ Email: _____			
Employer's Name:		Employer's Phone Number:	
Employer's Address (County, City, State, Zip Code):			
Income: (check box and complete)			
\$ _____ /HR		\$ _____ /MONTH -OR-	
\$ _____ /YEAR			
If the Family receiving TANF?	State or tribal TANF?		
If the family receiving Medicaid? How long?	Is the family receiving Medical Coupons?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a private attorney currently working on your child support case? Name of Attorney: _____			
Contact Number: _____			
Address: _____			



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NON-CUSTODIAL PARENT

This section is about the person who *does not have custody* of the child (ren)

A. INFORMATION ABOUT THE FATHER (or the child's alleged father, if he is not the custodial parent)

Legal name: last, first, middle		Alias:	
Date of Birth:	Place of Birth: (city, state, country)	Social Security Number:	Sex: Male Female
Race:	If Native American, what Tribe?	Tribal ID #:	
Height:	Eye Color:	Hair Color:	
Identifying Marks (tattoos, scars, etc):			
Home Address (if different from mailing address):			
Mailing Address: (City, State, Zip Code)			
Telephone: Home: _____ Email: _____ Work: _____ Cell: _____			
Is father currently remarried? YES NO		Total number of children father is responsible for?	
Employer's Name:		Employer's Phone Number:	
Employer's Address (County, City, State, Zip Code):			
Income: (check box and complete) \$ _____/HR \$ _____/MONTH -OR- \$ _____/YEAR			
Does he have an occupational license?		If yes, what kind? (Drivers License, Tribal Gaming, CDL)	
Does the father belong to a union? Which one?		Does the father have a second job? If so, where?	
Has the father ever been in jail? YES NO		If yes/presently, for how long? Where? Release date: County/city/state	
Is the father retired? Yes No		If yes, is he attempting to still work? Yes No	
From what kind of work		Is he on disability? Yes No If yes, what type of disability?	
Does the father receive or pay child support payments on any other case? Yes No			
If yes, for how many children?			



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Real Estate owned by NCP (indicate the city, county, and state in which the property is located):

Is it trust property? YES NO

Name of Financial Institution(s)/Banks:

Account Number:

Address (County, City, State, Zip)

Other possessions of value—such as stocks or bonds, mutual funds, CDs, jewelry, etc:

Non-Custodial Parent owns: Vehicle Boat Trailer

Type (vehicle/boat/trailer)	Year	Make	Model	License/Tag Number

Military Service Information

Is the Father in the military? YES NO	If yes, dates of service:
Title/Rank:	Most Recent Location
Branch of Service: Air Force Army Marines Navy Coast Guard	
Is the Father enlisted in the reserve? YES NO	



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Information about the Father's parents

Mother's Name: Last, First, Middle	Contact Number (s): Home: _____ Cell: _____
Address (County, City, State, Zip Code)	
Fathers name: Last, First, Middle	Contact Number (s): Home: _____ Cell: _____
Address (County, City, State, Zip Code):	

B. INFORMATION ABOUT THE MOTHER, if she is *not* the custodial parent

Legal name: last, first, middle		Alias:
Date of Birth:	Place of Birth: (city, state, country)	Social Security Number:
Race:	If Native American, what Tribe?	Tribal ID #:
Height:	Eye Color:	Hair Color:
Identifying Marks (tattoos, scars, etc):		
Home Address (if different from mailing address):		
Mailing Address: (City, State, Zip Code)		
Telephone: Home: _____ Email: _____ Work: _____ Cell: _____		
Is mother currently remarried? YES NO		Total number of children mother is responsible for?
Employer's Name:		Employer's Phone Number:
Income: (check box and complete) \$ _____/HR \$ _____/MONTH -OR- \$ _____/YEAR		
Does she have an occupational license?	If yes, what kind? (Drivers License, Tribal Gaming, CDL)	
Does the mother belong to a union? Which one?		
Does the father have a second job? If so, where?		



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Real Estate (Indicate the city, county, and state in which the property is located):

Is it trust property? YES NO

Name of Financial Institution (s)/Banks:

Account Number:

Street Address:

County, City, State, Zip Code

Other Possessions of Value— such as stocks, bonds, mutual funds, CD's, jewelry, etc:

List information about the mother's

Vehicles

Boat

Trailer

Type (vehicle/boat/trailer)	Year	Make	Model	License/tag number

Military Service Information

Is the mother in the military? YES NO

If yes, dates of service:

Title/rank:

Most recent Location:

Branch of Service: Air Force Army Marines Navy Coast Guard

Is the mother enlisted in the reserve? YES NO

Unit Information:

Information about the mother's parents

Mother's Name (Last, First, Middle)

Contact Number:

Home: _____

Cell : _____

Address (County, City, State, Zip)

Father's Name (Last, First, Middle)

Contact Number:

Home: _____

Cell : _____

Address (County, City, State, Zip)



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Miscellaneous Information:

C. Information about the child (ren)

Please list only children having the same mother and father on this one application. If there are more than two children, fill out a separate "Additional Child Information Form" for each additional child.

1st Child

Legal Name of Child: Last: First: M.I.	Social Security Number:
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Date of Birth:	Place of Birth (City, County, Country)
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Sex:	Age:	Race:	If Native American, what tribe?	Tibal ID#:
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If the child is 18 yr of age, and no longer enrolled in high school (e.g. the child graduated), please provide a brief explanation of why you are choosing to pursue child support services.

Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is he/she currently Enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of school: School must provide verification of enrollment
---	---	--

Paternity Established? YES NO Date Established:
 If "YES" how was it established:
 No Child Support Order has been established Order of Support has been established
 Type: Date Established:

If paternity of this child is in question, who is/are the alleged father (s)? Provide first and last names of individuals:



TULALIP CHILD SUPPORT PROGRAM

CHILD'S HEALTH INSURANCE COVERAGE (Please attach copy)

Who is the provider of health insurance? <input type="checkbox"/> Public <input type="checkbox"/> Private		
Father:	Mother:	Other:
Is the child enrolled in a health insurance plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Insurance Plan:	
Cost per month to cover only the child (ren) \$ _____	Effective Date:	
Is the child (ren) eligible for Indian Health Services (IHS)? If yes, where?		

Miscellaneous Information:

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2nd Child

Legal Name of Child: Last: First: M.I.			Social Security Number:	
Date of Birth:		Place of Birth (City, County, Country)		
Sex:	Age:	Race:	If Native American, what tribe?	Tribal ID#:

If the child is 18 yr of age, and no longer enrolled in high school (e.g. the child graduated), please provide a brief explanation of why you are choosing to pursue child support services.

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Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is he/she currently Enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of school: School must provide verification of enrollment
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Paternity Established? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Established:	
If "YES" how was it established:	
<input type="checkbox"/> No Child Support Order has been established Type:	<input type="checkbox"/> Order of Support has been established Date Established:

If paternity of this child is in question, who is/are the alleged father (s)? Provide first and last names of individuals:

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TULALIP CHILD SUPPORT PROGRAM

CHILD'S HEALTH INSURANCE COVERAGE (Please attach copy)

Who is the provider of health insurance? <input type="checkbox"/> Public <input type="checkbox"/> Private		
Father:	Mother:	Other:
Is the child enrolled in a health insurance plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Insurance Plan:	
Cost per month to cover only the child (ren) \$ _____	Effective Date:	
Is the child (ren) eligible for Indian Health Services (IHS)? If yes, where?		

Miscellaneous Information:

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Parents' Marital Relationship

What was the relationship between the mother and father of the child (ren) listed?		
<input type="checkbox"/> Never Married	<input type="checkbox"/> Married.Living Apart	<input type="checkbox"/> Divorced/ When:
Date of Marriage:	City, County, State	Date of Separation:



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Addendum to *Application for Child Support Services* TCSP Case no. _____

ADDITIONAL CHILD INFORMATION

Legal Name of Child: Last: First: M.I.			Social Security Number:	
Date of Birth:		Place of Birth (City, County, Country)		
Sex:	Age:	Race:	If Native American, what tribe?	Tribal ID#:
If the child is 18 yr of age, and no longer enrolled in high school (e.g. the child graduated), please provide a brief explanation of why you are choosing to pursue child support services.				
Does the child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is he/she currently Enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of school: School must provide verification of enrollment		
Paternity Established? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Established: If "YES" how was it established: <input type="checkbox"/> No Child Support Order has been established <input type="checkbox"/> Order of Support has been established Type: Date Established:				
If paternity of this child is in question, who is/are the alleged father (s)? Provide first and last names of individuals:				

CHILD'S HEALTH INSURANCE COVERAGE (Please attach copy)

Who is the provider of health insurance? <input type="checkbox"/> Public <input type="checkbox"/> Private		
Father:	Mother:	Other:
Is the child enrolled in a health insurance plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of Insurance Plan:
Cost per month to cover only the child (ren) \$ _____		Effective Date:
Is the child (ren) eligible for Indian Health Services (IHS)? If yes, where?		



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REFERRAL: Were you referred to TCSP from another agency or department? YES NO

If yes, please provide the name of referring agency/department:

Comments: Please provide any additional information that you feel could assist our office in enforcing your child support order.

DOMESTIC VIOLENCE INFORMATION

Do you believe that you or your child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you?
 YES NO Why?

Have you ever had a protective order against you or the NCP? YES NO Date Issued:
If yes, what court issued the order?

Have you or your child(ren) experienced any type of abuse? YES NO Type of abuse: Physical Verbal Sexual Mental
If yes, do you want to complete a Domestic violence Risk Assessment form? YES NO Maybe later

Return completed form to the TCSP office. If you decide to NOT fill out a form a this time, you may request one later.

Request for Case Transfer from Another Agency to TCSP

I am requesting that my case(s), listed below, be transferred from the listed agency(s) to the Tulalip Child Support Proram. I understand that by making this request that all future actions on my cases will stop with above named agency and a new case(s) will be initiated with the TCSP. I also understand that this document is my official request for the TCSP to manage all future child support activities related to my case(s) beginning on:

_____ Date

Case #1: _____ with _____
(Case number or social security number) (Name of agency case originated)

Case #2: _____ with _____
(Case number or social security number) (Name of agency case originated)

Case #3: _____ with _____
(Case number or social security number) (Name of agency case originated)



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STATEMENT OF UNDERSTANDING

1. I understand that the TCSP is here to act in the public interest to protect the rights of children, the Tulalip Tribes, and to make sure that both parents financially support their children. Information I provide will not be divulged to general public, but may be used as needed to collect support from either parent. I give TCSP permission to provide any necessary information to law enforcement officers, public officials, courts, and others as is required to assist in the collection of child and/or medical support.
2. I understand that the TCSP attorney cannot act as my legal representative. The attorney has an attorney-client relationship only with the Tulalip Tribes and the TCSP. The attorney does not have an attorney-client relationship with me, or with any recipient of child support services.
3. Any communication between the TCSP Attorney and a mother, father, alleged father(s), child, or any other party in a paternity or child support action, shall not be considered privileged or confidential, except as otherwise required by a specific tribal or federal law. The TCSP Attorney may speak with me and explain the services available to me through the child support program, and explain the nature of legal proceedings and legal documents. The attorney may ask me questions regarding a case. However, the TCSP attorney does not represent me. What I say will not remain a secret between me and the attorney, because the attorney will share the information with TCSP and its staff members. That information will be considered by TCSP in making its case decisions, and may be used in presenting information to the court. The TCSP attorney may ask the court to enter orders that will favor me. But this does not mean that the attorney presents me. Or the attorney may ask the court to enter an order that is not in my favor. I understand that I have the right to have my own attorney represent me, at my own expense, in any legal proceeding before the Tulalip Tribal Court.
4. I understand if I accept child support payments that I am not entitled because the non-custodial parent paid me directly for support assigned to the tribe or state, or because payments were sent to me in error, TCSP will recover the overpayment from me. Furthermore, TCSP may recover any such overpayment by withholding amounts from my child support payments. I understand it is required that TCSP collect money owed to the tribe or state for any TANF my children received in the past or are currently receiving.
5. I agree to cooperate fully with TCSP, law enforcement officers, and the court. I will notify TCSP of any change(s) of circumstance (including address and contact info.)
6. By signing this statement, I am verifying that the information provided in this application is true and correct to the best of my knowledge. My signature also confirms that I agree to the service terms specified above. I am giving consent to the TCSP to handle my case.

X _____
(Signature of requesting party) Date

X _____
(Printed signature of requesting party) Date

X _____
TCSP Employee's Signature & Printed Name Date

Please complete this form and return to the TCSP office via fax at (360) 716-0309, or by mail/drop-off to 8825 34 Ave NE St L-545, Tulalip, WA 98271. Do not hesitate to contact a Tulalip Child Support Staff at 360-716-4556 if you have any questions about this form or need additional forms.



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AUTHORITY FOR RELEASE OF CONFIDENTIAL INFORMATION

(NCP /CP) LAST	FIRST	MIDDLE	DATE OF BIRTH
TCSP PROGRAM CASE NO.	SOCIAL SECURITY NUMBER		TRIBAL ID#

I understand that my personal and financial records are protected under federal and state confidentiality regulations and cannot be disclosed to anyone without my written consent — unless it is directly related to child support services (establishment of paternity; establishment, modification, and enforcement of child support obligation; and locating parents and their financial assets).

I hereby authorize the Tulalip Child Support Program (TCSP) to disclose protected personal and financial information about me to such tribal or governmental agencies (including Tulalip Tribal Court) as is necessary to carry out TCSP’s official duties. This information may be provided verbally, or by computer data transfer, mail, fax, or hand delivery.

This release is valid for 2 years from the date signed below. A copy of this form shall be considered as valid as the original. I further understand that I may revoke this consent at any time, except to the extent that action has already been taken in reliance on this consent.

If this box is checked, and names are provided below, I also direct and authorize TCSP to release such confidential information pertaining to my case to the following:

(Last Name) (First Name) (Relationship to me)

(Designated Party Address) (City, State, Zip Code)

(Contact Numbers)

My Signature Date Signature of TCSP Representative Date

(If I am a juvenile) Signature of Parent, Guardian, or Authorized Representative Date



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DOMESTIC VIOLENCE RISK ASSESSMENT

Client Name: _____ Date: _____

1. Is there a history of abuse in your present/most recent partnership? YES NO
 If yes, please describe what happened:

2. How often were the police involved? _____
 Tribal/State Police Departments? _____

3. Do you have a current protection order? _____
 Date Filed: _____
 What Court was order filed in? _____

Please describe how your partner responded to being served with an order:

4. Have you left the relationship before? YES NO
 If yes, please describe what happened:
-
-

5. Please provide additional information about your relationship with your past partner by checking YES or NO to the following:

- | | | |
|---|------------------------------|-----------------------------|
| A) Were there threats to kill you, children, family, friends or animals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Were there threats specific or general? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) Did you believe these threats? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) Do they possess firearms or weapons? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E) Have they hurt people before? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F) Did your partner tell other people how they hurt you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G) Has your partner strangled you, injured your head, hurt you while pregnant,
OR forced sex on you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| H) Has your partner damaged your property OR threatened to destroy things of value? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

6. Are you currently working with a DV advocate concerning Domestic Violence (Tulalip Legacy of Healing, Center for Battered Women, etc) YES NO
 If yes, Name: _____ Phone Number: _____

If no, would you like us to provide information on how you can enroll in a domestic violence program? _____



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ITEM	RECEIVED	STILL NEED	NOT APPLICABLE
Certified Copies of Birth Certificates (all children)			
Paternity documentation: copies of paternity affidavits; paternity orders; and/or genetic test results			
Tribal ID/Enrollment Affidavit cards (all children)			
Copies of Social Security Cards			
Copies of School Enrollment documents (all children)			
Copies of Court Orders: These include, but are not limited to: Child Support Order (if established)			
Divorce Decree			
Parenting Plans			
Modification Orders			
Protection Orders			
Copies of Recent Pay Stub			
List of Additional Expenses			
Copies of Last 2 years' Income Tax Returns			
Tribal and/or State Assistance Information Child Support Receipts (paid and/or received)			
W-9 for Applications on Non-Tribal CP Applicant			
Financial Declaration NCP/CP			

You can retrieve **TAX RECORDS** from the IRS website

www.irs.gov
 Go under **"TOOLS"**
 Click, **"Get Transcript of Your Tax Records"**

Follow each prompt to create your account and view your personal records. Please note that you will need to submit your information as it shows **EXACTLY** on your tax returns.

Birth Certificates:

Vital Statistics
 3020 Rucker Ave Suite 104
 Everett WA 98201
 Cost \$20.00 each
 425.339.5280



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