



TULALIP CHILD SUPPORT PROGRAM

8825 34TH AVE NE
SUITE L-545
TULALIP, WA 98271
360.716.4556

APPLICATION FOR CHILD SUPPORT SERVICES

PLEASE PRINT WITH BLUE OR BLACK INK (no pencils)

CUSTODIAL PARENT

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

Legal Name: Last, First, Middle			Maiden/alias name:	
Date of Birth:	Place of Birth (city, state, country):	Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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: _____ Cell: _____ Work: _____		E-mail address: _____		
Employer's Name:			Employer's Phone Number:	
Employer's Address (County, City, State, Zip Code):				
Income: (check box and complete) \$ _____/Hour, OR \$ _____/Month, OR \$ _____/Year				
Is the family receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No		State OR Tribal TANF? How long? (month to month)		
Is the family receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No How long?		Is the family receiving Medical Coupons? <input type="checkbox"/> Yes <input type="checkbox"/> No How long?		
Is a private attorney currently working on your child support case? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Attorney: Contact Number: Address:				

FOR OFFICE USE ONLY:

Date of Application: _____ **Received by:** _____
Case Number: _____ **Case Manager:** _____

Name of Financial Institution(s)/Banks:	Account Number(s):
Address (County, City, State, Zip)	
Other possessions of value—such as stocks or bonds, mutual funds, CDs, jewelry, etc:	

Father owns: Vehicle Boat Trailer

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

Military Service Information

Is the Father in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Title/Rank:	Most Recent Location:
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
Is the Father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unit Information:	

Information about the Father's parents

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

List Information about the mother's Vehicle Boat Trailer

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

Military Service Information

Is the mother in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Title/Rank:	Most recent location:
Branch of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
Is the mother enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No Unit Information:	

Information about the mother's parents

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

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.

FIRST CHILD

Legal Name of child: Last			First	M.I.	Social Security Number:
Date of Birth:			Place of Birth (City, County, State, Country)		
Sex:	Age:	Race:	If Native American, what tribe?	Tribal ID#	
If the child is 18 years 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.	
School address (City, State, Zip Code):					
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 Child Support has been established. Type: _____ Date established: _____					
If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.					

CHILD'S HEALTH INSURANCE COVERAGE (Please attach copy)

Who is the provider of health insurance? <input type="checkbox"/> Public or <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:

SECOND CHILD

Legal Name of child: Last		First	M.I.	Social Security Number:	
Date of Birth:			Place of Birth (City, County, State, Country)		
Sex:	Age:	Race:	If Native American, what tribe?	Tribal ID#	
If the child is 18 years 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.	
School address (City, State, Zip Code):					
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 Child Support has been established.		
Type:			Date established:		
If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.					

CHILD'S HEALTH INSURANCE COVERAGE (Please attach copy)

Who is the provider of health insurance? <input type="checkbox"/> Public or <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:

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:

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. 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 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 represents 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.
3. 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 a 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.
4. 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).
5. 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.

Signature of Requesting Party

Date

Printed Signature of Requesting Party

TCSP Employee’s Signature & Printed Name

Date

Please complete this form and return to the TCSP office via fax at (360) 651-4592, or by mail/drop-off to 8825 34th Ave NE, Suite 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.