CHILD SUPPORT PROGRAM

Child Support Enforcement

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Application for Services

Contact Information

P: 360-716-4556 | **F:** 360-716-0309
Email: TCSE@tulaliptribes-nsn.gov
Website: www.tulaliptribes-nsn.gov/Dept/ChildSupportEnforcement
Location: Tulalip Admin 6406 Marine Dr, Tulalip, WA 98271
For Mailing: 8825 34th Ave NE L-545, Tulalip, WA 98271

TDS-7906 | 10/2025

TULALIP TRIBES
CHILD SUPPORT PROGRAM

6406 Marine Dr, Tulalip, WA 98271
P: 360-716-4556 | F: 360-716-0309

Document Checklist

Provide the required documentation listed below with your application or as soon as possible after you submit your application.

- ☐ Certified Birth Certificate(s) for child(ren).
- ☐ Social Security Cards for NCP, CP, and child(ren).
- ☐ Tribal ID or Enrollment Affidavit NCP, CP, and child(ren).
- ☐ Paternity Affidavit, or genetic test results.
- ☐ Proof of school enrollment for each child.
- ☐ Last two (2) pay stubs and/or W-2s.
- ☐ Last two (2) years of federal tax returns.
- ☐ W-9 (for CP if receiving payments).
- ☐ Any relevant legal documents (Paternity Orders, Parenting Plan, Divorce Decree, Protection Orders, etc.).
- ☐ Verification of Tribal or State TANF, Medicaid, or other benefits.
- ☐ Receipts or proof of additional expenses (childcare, medical, extracurricular activities, etc.).
- ☐ Release of Information.

If paternity is not established:

- ☐ Genetic testing will be scheduled through Tulalip Child Support Program (TCSP).
- ☐ Submit any existing paternity affidavits or prior court orders.
- ☐ Paternity must be established before a child support order can be entered.

Typical end-to-end timelines (real-world estimates; your case may move faster/slower)

- Order already exists & info complete: approximately 3–6 weeks to active withholding (service + employer cycle are the biggest variables).
- New support with paternity already established: approximately 6–12 weeks (verify info -> drafting -> review -> filing -> service -> hearing -> Income Withholding Order (IWO) -> first withholding).
- New support and paternity needed: add approximately 4–8 weeks for DNA lab results (plus scheduling), so approximately 9–14 weeks overall.

What helps things move faster

- Turn in the application fully completed (all sections).
- Include the required documents that are listed with your packet (birth certificates, pay stubs, tax returns, legal orders, school verification, W-9, etc.).
- Keep contact/employer info current and respond quickly to TCSP requests.

AFTER YOU TURN IN YOUR APPLICATION, PLEASE NOTE THESE ARE ESTIMATES AND ARE NOT A GUARANTEE.

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

Legal Name (First, MI, Last)		Suffix	Alias or Maiden Name
Date of Birth	Place of Birth (City, State or Country)	Social Security Numbe:	Gender: ☐ M ☐ F ☐ Other
Race:	If Native American, which tribe?	Tribal ID#	
Mailing Address (City, State, ZIP Code)		Physical Address (City, State, ZIP Code)	
Phone		Alternate Phone	
Email			
Name of Biological Mother		Name of Biological Father	
Height	Weight	Eye Color	Hair Color
Disabled? ☐ Yes ☐ No	Disabililty Type		
Identifying Marks (Tattoos, Birthmarks, etc.)			
Ever Been Incarcerated? ☐ Yes ☐ No	If Yes, Institution/County/City/State/Dates From–To		
Currently Incarcerated? ☐ Yes ☐ No	If Yes, Institution/County/City/State/Starting Date		

OTHER CASE INFORMATION

Involved In Another Child Support Case ☐ Yes ☐ No	Where:		
Date Support Was Ordered (Signed by a Judge)		Court Who Established	
Support Type ☐ Current ☐ Current Plus Arrears ☐ Arrears Only		Support Effective Date	
Amount	$ Current	$ Arrears	$ Total
Are There Extraordinary Expenses? ☐ Yes ☐ No	If Yes, How Much Money and For How Long?		
Number of Children Legally Responsible For With or Without a Child Support Order Under The Age of 18 Years Old. (Count Children You Have Legally Adopted Through A Court Order. *Step Children Cannot Be Counted.*)			

Custodial Parent: (continued).

CURRENT MARITAL STATUS	
Spouse Name (First, Last)	Date of Marriage
Spouse Phone	Spouse Email

EMPLOYER	
Employer Name	Employer Address
Employer Phone	Income (Hourly/Weekly/Bi-Weekly/Monthly/Annually) $
Dates of Employment Start Date: End Date:	Reason For Leaving:

EDUCATION	
Graduated High School or GED? ☐ Yes ☐ No	If Yes, When? (Year)
College Graduate? ☐ Yes ☐ No	If Yes, When? (Year)

MILITARY			
Currently Enlisted? ☐ Yes ☐ No	Branch	Start Date	End Date
Title	Unit	Duty Station	

State TANF

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)			
Which State?	Case Number	Start Date	End Date
For Who?	Current/Former/Never		

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date
For Who?	Current/Former/Never		

HEALTH INSURANCE					
Medicaid ☐	Apple Health ☐	Indian Health ☐	Tribal Clinic Used ☐	Direct Care ☐	Full IHS Benefits ☐
Private Insurance Provider Name (Attach Copy of Card)			Under Who?		Length of Time

ATTORNEY		
Lawyer Name: (First, Last)		Firm Name
Phone:	Fax:	Email:

Non-Custodial Parent 1: This section is about the person who ***does not have custody*** of the child(ren).

Legal Name (First, MI, Last)		Suffix	Alias or Maiden Name
Date of Birth	Place of Birth (City, State or Country)	Social Security Number	Gender: ☐ M ☐ F ☐ Other
Race:	If Native American, which tribe?	Tribal ID#	
Mailing Address (City, State, ZIP Code)		Physical Address (City, State, ZIP Code)	
Phone		Alternate Phone	
Email			
Name of Biological Mother		Name of Biological Father	
Height	Weight	Eye Color	Hair Color
Disabled? ☐ Yes ☐ No	Disabililty Type		
Identifying Marks (Tattoos, Birthmarks, etc.)			
Ever Been Incarcerated? ☐ Yes ☐ No	If Yes, Institution/County/City/State/Dates From-To		
Currently Incarcerated? ☐ Yes ☐ No	If Yes, Institution/County/City/State/Starting Date		

OTHER CASE INFORMATION

Involved In Another Child Support Case ☐ Yes ☐ No	Where:		
Date Support Was Ordered (Signed by a Judge)		Court Who Established	
Support Type ☐ Current ☐ Current Plus Arrears ☐ Arrears Only		Support Effective Date	
Amount	$ Current	$ Arrears	$ Total
Are There Extraordinary Expenses? ☐ Yes ☐ No	If Yes, How Much Money and For How Long?		
Number of Children Legally Responsible For With or Without a Child Support Order Under The Age of 18 Years Old. (Count Children You Have Legally Adopted Through A Court Order. *Step Children Cannot Be Counted.*)			

Non-Custodial Parent 1: (continued).

CURRENT MARITAL STATUS	
Spouse Name (First, Last)	Date of Marriage
Spouse Phone	Spouse Email

EMPLOYER	
Employer Name	Employer Address
Employer Phone	Income (Hourly/Weekly/Bi-Weekly/Monthly/Annually) $
Dates of Employment Start Date: End Date:	Reason For Leaving:

EDUCATION	
Graduated High School or GED? ☐ Yes ☐ No	If Yes, When? (Year)
College Graduate? ☐ Yes ☐ No	If Yes, When? (Year)

MILITARY			
Currently Enlisted? ☐ Yes ☐ No	Branch	Start Date	End Date
Title	Unit	Duty Station	

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)			
State TANF			
Which State?	Case Number	Start Date	End Date
For Who?	Current/Former/Never		
Tribal TANF			
Which Tribe?	Case Number	Start Date	End Date
For Who?	Current/Former/Never		

HEALTH INSURANCE					
Medicaid ☐	Apple Health ☐	Indian Health ☐	Tribal Clinic Used ☐	Direct Care ☐	Full IHS Benefits ☐
Private Insurance Provider Name (Attach Copy of Card)			Under Who?		Length of Time

ATTORNEY		
Lawyer Name: (First, Last)		Firm Name
Phone:	Fax:	Email:

Non-Custodial Parent 2: This section is about the person who ***does not have custody*** of the child(ren).

Legal Name (First, MI, Last)		Suffix	Alias or Maiden Name
Date of Birth	Place of Birth (City, State or Country)	Social Security Number:	Gender: ☐ M ☐ F ☐ Other
Race:	If Native American, which tribe?		Tribal ID#
Mailing Address (City, State, ZIP Code)		Physical Address (City, State, ZIP Code)	
Phone		Alternate Phone	
Email			
Name of Biological Mother		Name of Biological Father	
Height	Weight	Eye Color	Hair Color
Disabled? ☐ Yes ☐ No	Disabililty Type		
Identifying Marks (Tattoos, Birthmarks, etc.)			
Ever Been Incarcerated? ☐ Yes ☐ No	If Yes, Institution/County/City/State/Dates From-To		
Currently Incarcerated? ☐ Yes ☐ No	If Yes, Institution/County/City/State/Starting Date		

OTHER CASE INFORMATION

Involved In Another Child Support Case ☐ Yes ☐ No	Where:		
Date Support Was Ordered (Signed by a Judge)		Court Who Established	
Support Type ☐ Current ☐ Current Plus Arrears ☐ Arrears Only		Support Effective Date	
Amount	$ Current	$ Arrears	$ Total
Are There Extraordinary Expenses? ☐ Yes ☐ No	If Yes, How Much Money and For How Long?		
Number of Children Legally Responsible For With or Without a Child Support Order Under The Age of 18 Years Old (Count Children You Have Legally Adopted Through A Court Order. *Step Children Cannot Be Counted.*)			

Non-Custodial Parent 2: (continued).

CURRENT MARITAL STATUS	
Spouse Name (First, Last)	Date of Marriage
Spouse Phone	Spouse Email

EMPLOYER	
Employer Name	Employer Address
Employer Phone	Income (Hourly/Weekly/Bi-Weekly/Monthly/Annually) $
Dates of Employment Start Date: End Date:	Reason For Leaving:

EDUCATION	
Graduated High School or GED? ☐ Yes ☐ No	If Yes, When? (Year)
College Graduate? ☐ Yes ☐ No	If Yes, When? (Year)

MILITARY			
Currently Enlisted? ☐ Yes ☐ No	Branch	Start Date	End Date
Title	Unit	Duty Station	

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

State TANF

Which State?	Case Number	Start Date	End Date
For Who?	Current/Former/Never		

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date
For Who?	Current/Former/Never		

HEALTH INSURANCE					
Medicaid ☐	Apple Health ☐	Indian Health ☐	Tribal Clinic Used ☐	Direct Care ☐	Full IHS Benefits ☐
Private Insurance Provider Name (Attach Copy of Card)			Under Who?		Length of Time

ATTORNEY		
Lawyer Name: (First, Last)		Firm Name
Phone:	Fax:	Email:

Child 1 Information: If there are more than four children, fill out a separate "*Additional Child Information Form*" for other the child(ren).

Legal Name (First, MI, Last)	Suffix	Alias or Nickname

Date of Birth	Place of Birth (City, State or Country)	Social Security Number	Gender ☐ M ☐ F ☐ Other

Race	If Native American, which tribe?	Tribal ID#

Height	Weight	Eye Color	Hair Color

Mailing Address (City, State, ZIP Code)	Physical Address (City, State, ZIP Code)

Phone	Alternate Phone

Email

Name of Biological Mother	Name of Biological Father

Who Does This Child Reside With?

Name:	Relationship:	Length:

School Name	School Address	School District	Years	Grades

School Phone	School Email

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

State TANF

Which State?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

HEALTH INSURANCE

Medicaid	Apple Health	Indian Health	Tribal Clinic Used	Direct Care	Full IHS Benefits
☐	☐	☐	☐	☐	☐

Private Insurance Provider Name	Company	Length

Coverage Type: ☐ Medical ☐ Dental ☐ Vision ☐ Mental ☐ Treatment ☐ All

Child 1 Information: (continued).

FOSTER CARE/bədɑʔčəɬ		
If The Child Is Placed With You By A Court Order		
Are You a Temporary Placement or Guardianship? ☐ Temporary Placement ☐ Guardianship	Date of Order	Length
Court Name	ICW/State Name	
Social Worker Name	Desk Phone	Cell Phone
Email:		

OTHER
Comments

Child 2 Information: If there are more than four children, fill out a separate "*Additional Child Information Form*" for other the child(ren).

Legal Name (First, MI, Last)	Suffix	Alias or Nickname

Date of Birth	Place of Birth (City, State or Country)	Social Security Number	Gender ☐ M ☐ F ☐ Other

Race	If Native American, which tribe?	Tribal ID#

Height	Weight	Eye Color	Hair Color

Mailing Address (City, State, ZIP Code)	Physical Address (City, State, ZIP Code)

Phone	Alternate Phone

Email

Name of Biological Mother	Name of Biological Father

Who Does This Child Reside With?

Name:	Relationship:	Length:

School Name	School Address	School District	Years	Grades

School Phone	School Email

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

State TANF

Which State?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

HEALTH INSURANCE

Medicaid	Apple Health	Indian Health	Tribal Clinic Used	Direct Care	Full IHS Benefits
☐	☐	☐	☐	☐	☐

Private Insurance Provider Name	Company	Length

Coverage Type: ☐ Medical ☐ Dental ☐ Vision ☐ Mental ☐ Treatment ☐ All

Child 2 Information: (continued).

FOSTER CARE/bədɑʔčəɬ		
If The Child Is Placed With You By A Court Order		
Are You a Temporary Placement or Guardianship? ☐ Temporary Placement ☐ Guardianship	Date of Order	Length
Court Name	ICW/State Name	
Social Worker Name	Desk Phone	Cell Phone
Email:		
OTHER		
Comments		

Child 3 Information: If there are more than four children, fill out a separate "*Additional Child Information Form*" for other the child(ren).

Legal Name (First, MI, Last)	Suffix	Alias or Nickname

Date of Birth	Place of Birth (City, State or Country)	Social Security Number	Gender ☐ M ☐ F ☐ Other

Race	If Native American, which tribe?	Tribal ID#

Height	Weight	Eye Color	Hair Color

Mailing Address (City, State, ZIP Code)	Physical Address (City, State, ZIP Code)

Phone	Alternate Phone

Email

Name of Biological Mother	Name of Biological Father

Who Does This Child Reside With?

Name:	Relationship:	Length:

School Name	School Address	School District	Years	Grades

School Phone	School Email

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

State TANF

Which State?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

HEALTH INSURANCE

Medicaid	Apple Health	Indian Health	Tribal Clinic Used	Direct Care	Full IHS Benefits
☐	☐	☐	☐	☐	☐

Private Insurance Provider Name	Company	Length

Coverage Type: ☐ Medical ☐ Dental ☐ Vision ☐ Mental ☐ Treatment ☐ All

Child 3 Information: (continued).

FOSTER CARE/bədɑʔčəɬ		
If The Child Is Placed With You By A Court Order		
Are You a Temporary Placement or Guardianship? ☐ Temporary Placement ☐ Guardianship	Date of Order	Length
Court Name	ICW/State Name	
Social Worker Name	Desk Phone	Cell Phone
Email:		
OTHER		
Comments		

Child 4 Information: If there are more than four children, fill out a separate "*Additional Child Information Form*" for other the child(ren).

Legal Name (First, MI, Last)	Suffix	Alias or Nickname

Date of Birth	Place of Birth (City, State or Country)	Social Security Number	Gender ☐ M ☐ F ☐ Other

Race	If Native American, which tribe?	Tribal ID#

Height	Weight	Eye Color	Hair Color

Mailing Address (City, State, ZIP Code)	Physical Address (City, State, ZIP Code)

Phone	Alternate Phone

Email

Name of Biological Mother	Name of Biological Father

Who Does This Child Reside With?

Name:	Relationship:	Length:

School Name	School Address	School District	Years	Grades

School Phone	School Email

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

State TANF

Which State?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

HEALTH INSURANCE

Medicaid	Apple Health	Indian Health	Tribal Clinic Used	Direct Care	Full IHS Benefits
☐	☐	☐	☐	☐	☐

Private Insurance Provider Name	Company	Length

Coverage Type: ☐ Medical ☐ Dental ☐ Vision ☐ Mental ☐ Treatment ☐ All

Child 4 Information: (continued).

FOSTER CARE/bədɑʔčəɬ		
If The Child Is Placed With You By A Court Order		
Are You a Temporary Placement or Guardianship? ☐ Temporary Placement ☐ Guardianship	Date of Order	Length
Court Name	ICW/State Name	
Social Worker Name	Desk Phone	Cell Phone
Email:		
OTHER		
Comments		

Additional Child Information:
Fill out the following pages for each additional child.

Legal Name (First, MI, Last)	Suffix	Alias or Nickname

Date of Birth	Place of Birth (City, State or Country)	Social Security Number	Gender ☐ M ☐ F ☐ Other

Race	If Native American, which tribe?	Tribal ID#

Height	Weight	Eye Color	Hair Color

Mailing Address (City, State, ZIP Code)	Physical Address (City, State, ZIP Code)

Phone	Alternate Phone

Email

Name of Biological Mother	Name of Biological Father

Who Does This Child Reside With?

Name:	Relationship:	Length:

School Name	School Address	School District	Years	Grades

School Phone	School Email

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

State TANF

Which State?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

Tribal TANF

Which Tribe?	Case Number	Start Date	End Date

For Who?	Current/Former/Never

HEALTH INSURANCE

Medicaid	Apple Health	Indian Health	Tribal Clinic Used	Direct Care	Full IHS Benefits
☐	☐	☐	☐	☐	☐

Private Insurance Provider Name	Company	Length

Coverage Type: ☐ Medical ☐ Dental ☐ Vision ☐ Mental ☐ Treatment ☐ All

Additional Child Information: (continued).

FOSTER CARE/bədɑʔčəɬ		
If The Child Is Placed With You By A Court Order		
Are You a Temporary Placement or Guardianship? ☐ Temporary Placement ☐ Guardianship	Date of Order	Length
Court Name	ICW/State Name	
Social Worker Name	Desk Phone	Cell Phone
Email:		
OTHER		
Comments		

Statement of Understanding

1. I understand that the Tulalip Child Support Program (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 the general public, but may be used as needed to collect support from either parent. I permit TCSP 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 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 is not privileged or confidential, unless protected explicitly by Tribal or federal law.
   The TCSP attorney may:
   a Speak with me to explain the services offered through the child support program.
   b. Explain the nature of legal proceedings and documents.
   c. Ask me questions about my case.
   I understand that the TCSP attorney does not represent me. Information I share with the attorney will not remain confidential between us. It may be shared with TCSP staff and presented to the court.
   The TCSP attorney may ask the court to enter orders that support my position, but this does not mean they represent me. The attorney may also request orders that do not favor me.
   I understand that I have the right to hire my own attorney, at my own expense, to represent me in any legal proceeding before the Tulalip Tribal Court.
4. I understand that if I accept child support payments that I am not entitled to 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 may recover any such overpayment by withholding amounts from my current 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. If there is no current support owed, I am responsible for the repayment of any overpayment through payroll deduction at 10% of my total adjusted gross income.
6. 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).

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 Tulalip Child Support Program to handle my case.

Date: _____ X _____ | _____
(Signature and Printed Name of Requesting Party)

Date: _____ X _____ | _____
(Signature and Printed Name TCSP Employee)

Please complete and return this form to the TCSP office via fax at 360-716-0309, mail, 8825 34 Ave NE St L-545, Tulalip, WA 98271, or in person at 6406 Marine Dr, Tulalip, WA 98271. Do not hesitate to contact a Tulalip Child Support staff member at 360-716-4556 if you have any questions about this form or need additional forms.