



G W Y J D B F
CHEROKEE NATION™

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Phone: 918-453-5444 Toll Free 1-800-522-2922

Office of Child Support Services
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u-na-da-ga-yv-li-ge a-le di-ni-yo-tli di-ni-s-de-li-s-gi
Human Services Group

Oirgi
Chad "Cornassel" Smith
Principal Chief

Jico Jcho
Joe Grayson, Jr.
Deputy Principal Chief

AFFIDAVIT OF REQUEST FOR CASE TRANSFER

ALL HIGHLIGHTED AREAS MUST BE COMPLETED IF KNOWN. IF INFORMATION IS UNKNOWN, PLEASE NOTE AS "UNKNOWN".

I. CUSTODIAL PARTY DEMOGRAPHICS- (parent who has custody of child(ren) a majority of the time or has been determined by a court to have custody)

Custodial Party Name: _____
First Middle Last Maiden (If Applicable)

Case Number: _____ Social Security #: _____

Date of Birth: _____ County of Court: _____

Please name the current office/agency that now works your child support case:

Current Mailing Address: _____
Street/P.O. Box/Rural Route City State Zip Code

Physical Address (if different than above): _____
Street/P.O. Box/Rural Route City State Zip Code

Home Phone: () Cell Phone: ()

Work Phone: () Message Phone: ()

Tribal Member: Yes No List Tribe(s): _____

If more than one Tribe – Membership To: _____

II. NON-CUSTODIAL PARTY DEMOGRAPHICS(parent who does not have legal custody of child or who has child less time than the custodial parent)

Non- Custodial Party Name: _____
First Middle Last Maiden (if applicable)

Case Number: _____ Social Security #: _____

Date of Birth: _____

Current Mailing Address: _____
Street/P.O. Box/Rural Route City State Zip Code

Physical Address (if different than above): _____
Street/P.O. Box/Rural Route City State Zip Code

Home Phone: () Cell Phone: ()

Work Phone: () Message Phone: ()

Tribal Member: Yes No List Tribe(s): _____

If more than one Tribe – Membership To: _____

Amount of Child Support ordered to receive from the Non-Custodial Party: \$ _____

Date of Origin: 2008

Date of Revision: 3/29/2011
Affidavit of Request for Case Transfer –
Page 2 of 2

Please provide any comments that will assist this office in enforcing your Order for Child Support :

Multiple empty yellow horizontal lines for providing comments.

III. CHILD(REN)'S DEMOGRAPHICS

Table with 6 columns: Name, DOB, State in Which Child Was Conceived, SSN, Male/Female. Rows 1-7.

If Non-Custodial Party is the father, is the Non-Custodial Party listed on this Affidavit, the father of all children listed above?

Yes No

If NO, then you will need to complete a subsequent Affidavit of Request for Case Transfer as this constitutes a separate case.

*If the child OR children are 18 years old, is he/she currently attending high school?

Yes No

*Note- Verification will be required.

Thank you for your cooperation and patience in completion of this form. The final step for this Affidavit of Request for Case Transfer is listed below:

I declare under penalty of perjury that the foregoing and any attachments are true and correct; that I am personally willing and able to complete this Affidavit of Request for Transfer and am not under any undue persuasion, threat or coercion for said Transfer; and, as such do request that my Child Support case with the State of _____ be transferred/ registered with the Cherokee Nation Office of Child Support Services and for them to resume any and all enforcement and management of my Child Support case in its entirety as deemed applicable by the Cherokee Nation Office of Child Support Services. I understand that my case will be reviewed by Cherokee Nation Office of Child Support Services to determine the best course of action for my case and any decision by the office is final.

Print Name: _____

Date: _____

Signature: _____

Date: _____

Subscribed and sworn before me on this _____ day of _____, 20_____.
Notary Public: _____

Commission Number: _____

Commission Expires: _____

FOR OFFICE USE ONLY – REQUIRED:	DATE:
SENT BY:	
<i>Upon receipt and log of this Affidavit to CN OCSS, please route to staff listed above for processing.</i>	