Cherokee Nation Child Support Services

Post Office Box 557
Tahlequah, OK 74465
918-453-5444

It's more than money
It's about healthy, happy children with a positive future

The following pages include an explanation of services provided by Cherokee Nation Child Support Services, an application and a reminder sheet of items you must submit with your completed application. It looks like a lot of information, but everything in this packet is important. Without a complete application, we cannot start to help you and your child or children. If you need assistance in completing the application, please feel free to call the main office and ask to visit with an intake worker. you may also schedule an appointment with an Intake worker and they will be happy to help you complete the application.

The first thing you should know about Cherokee Nation Child Support is we do not take sides. We work for what is in the best interest of your child or children. We do that by working to locate a non-custodial parent, taking necessary steps to determine paternity, establish and/or modify a legitimate child support order, and attempting to collect child support payments.

Please provide copies of your children's state birth certificate, Membership or CDIB card, Social Security card for you and your child(ren), two most recent payroll stubs, divorce decree, all orders signed by a court and a copy of any paternity affidavit if you have one. Once your application is complete and we have all the required forms, it will be reviewed to determine the best possible way to help your child or children. Again, we cannot begin working on your case until we have all the required documentation.

Please read the Statement of Understanding carefully. By signing the Statement, you agree to cooperate with the Cherokee Nation Child Support Services program, Cherokee Nation tribal law and applicable federal child support rules and regulations. If you have any questions, contact a Cherokee Nation Child Support employee before you sign the document.

APPLICATION FOR CHILD SUPPORT SERVICES

OFFICE USE ONLY:
Date requested: _____ **Date received:** _____ **FGN:** _____

PLEASE PRINT WITH BLUE OR BLACK INK

CUSTODIAL PARENT: This section is about the person with whom the child(ren) actually lives.

Legal name: Last First Middle		Maiden/alias name:
Date of birth:	Social Security number:	Sex: ■ Male ■ Female
Race:	If Native American, what tribe?	
What is the relationship of children to the custodial parent?		Who has legal custody?
Mailing address: City State Zip Code		
Home address: City State Zip Code		
County of residence:		Home phone number:
Employer's name:		Employer's phone number:
Employer's address: City State Zip Code		
Income: (check box and complete) ■ $_____ / Hour ■ $ _____ / Month		
Is the child(ren) receiving TANF, Medicaid, medical benefits? Yes ■ No ■		If yes, where?
Is a private attorney currently working on your child support case? Yes ■ No ■		Name of attorney?
Attorney's phone number:	Attorney's address:	

DOMESTIC VIOLENCE INFORMATION

Have you or your children experienced any type of abuse? Yes ■ No ■ Type: Physical ■ Verbal ■ Sexual ■
Have you ever had a protective order against you or the NCP? Yes ■ No ■
If yes, what court issued the order? Date:
Do you believe that you or your children may be at risk of emotional or physical harm if the other parent knows where to find you? Yes ■ No ■
If yes, do you want a Family Violence Non-Disclosure Statement to complete and return to this office? Yes ■ No ■ **If you decide not to fill out the statement at this time, you may request one later.**

NON-CUSTODIAL PARENT INFORMATION: This section is about the person who **DOES NOT** have custody of the children.

A. INFORMATION ABOUT THE FATHER

(or person who may be the father of the child, if not the custodial parent)

Legal name: Last First Middle		Alias names:
Date of birth:	Place of birth (city, state):	Social Security number:
Race:	If Native American, what tribe?	
Height:	Eye color:	Hair color:
Identifying marks (tattoos, scars, etc.):		
Home address: City		State Zip Code
Home phone number:	Cell phone/pager number: Cell Pager	
Is father currently remarried? Yes ■ No ■	If yes, to whom?	
Employer's name:		Employer's phone number:
Employer's address: City		State Zip Code
Income: (check box and complete) ■ $_____ / Hour ■ $ _____ / Month		
Usually employed as a (plumber, mechanic, fast food, etc.):		
Does father have an occupational license? Yes ■ No ■	If yes, what kind:	
Does father have a lifetime hunting or fishing license? Yes ■ No ■	Does father belong to a union? If so, which one?	Yes ■ No ■
Does father have a second job? Yes ■ No ■	If yes, where?	
Has father ever been in jail or prison? Yes ■ No ■	If yes, when?	Where? (city, state)
Is the father retired? Yes ■ No ■ Does father receive or pay child support payments from or to a source other than this case? Yes ■ No ■	Where did he work when he retired?	Is the father disabled? Yes ■ No ■

Does the father own property or assets? Yes ■ No ■

Real estate (indicate the city, county and state in which the property is located)
Registered vehicles (other than the one listed above)
Names and address of financial institution and account numbers
Other (possessions of value, such as stocks or bonds)

List information about the father's vehicle:

Year:	Make:	Model:	Color:	Tag Number:	Tribal Tag:

Military Service Information:

Is father in the military? Yes ■ No ■	If yes, dates of service:
Branch of service: Air Force ■ Army ■ Marines ■ Navy ■ Coast Guard ■ National Guard ■	
Reserve information: Is the father enlisted in the reserve? Yes ■ No ■	

Please provide additional information about the father's parents:

Mother's name: Last First Middle	Telephone number:
Address: City State	Zip Code
Father's name: Last First Middle	Telephone number:
Address: City State	Zip Code

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

Legal name: Last First Middle		Alias names:
Date of birth:	Place of birth (city, state):	Social Security number:
Race:	If Native American, what tribe?	
Height:	Eye color:	Hair color:
Identifying marks (tattoos, scars, etc.):		

Home address: City State Zip Code		
Home phone number:	Cell phone/pager number: Cell	Pager
Is mother currently remarried? Yes ■ No ■	If yes, to whom?	
Employer's name:		Employer's phone number:
Employer's address: City State Zip Code		
Income: (check box and complete) ■ $_____ / Hour ■ $ _____ / Month		
Usually employed as a (child care provider, cashier, waitress, fast food, etc.):		
Does mother have an occupational license? Yes ■ No ■	If yes, what kind:	
Does mother have a lifetime hunting or fishing license? Yes ■ No ■	Does mother belong to a union? If so, which one?	Yes ■ No ■
Does mother have a second job? Yes ■ No ■	If yes, where?	
Has mother ever been in jail or prison? Yes ■ No ■	If yes, when?	Where? (city, state)
Is the mother retired? Yes ■ No ■	Where did she work when she retired?	Is the mother disabled? Yes ■ No ■
Does mother receive or pay child support payments from or to another source other than this case? Yes ■ No ■		

List information about the mother's vehicle:

Year:	Make:	Model:	Color:	Tag Number:	Tribal Tag:

Does the mother own property or assets? Yes ■ No ■

Real estate (indicate the city, county and state in which the property is located)
Registered vehicles (other than the one listed above)
Names and address of financial institution and account numbers
Other (possessions of value, such as stocks or bonds)

Military Service Information:

Is mother in the military? Yes ■ No ■	If yes, dates of service:
Branch of service: Air Force ■ Army ■ Marines ■ Navy ■ Coast Guard ■ National Guard ■	
Reserve information: Is the mother enlisted in the reserve? Yes ■ No ■	

Please provide additional information about the mother's parents:

Mother's name: Last First Middle	Telephone number:
Address: City State	Zip Code
Father's name: Last First Middle	Telephone number:
Address: City State	Zip Code

INFORMATION ABOUT THE CHILD(REN). Please list only children with the same mother and father on one application.

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Was the child born in Oklahoma? Yes ■ No ■	If yes, what city?
Sex:	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes ■ No ■
Legal status: Support ordered for this child ■ Paternity established, but no support ordered ■ Paternity needs to be established ■ Parents married, living apart, no support ordered ■			
Does the child live with you? Yes ■ No ■		If the child is 18, is he/she currently in high school? Yes ■ No ■	Name of school:
School address: City State Zip Code			**School must provide verification of enrollment**
Will the father name anyone else as a possible father? Yes ■ No ■		If yes, who? Last name First name	

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Was the child born in Oklahoma? Yes ■ No ■	If yes, what city?
Sex:	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes ■ No ■
Legal status: Support ordered for this child ■ Paternity established, but no support ordered ■ Paternity needs to be established ■ Parents married, living apart, no support ordered ■			
Does the child live with you? Yes ■ No ■		If the child is 18, is he/she currently in high school? Yes ■ No ■	Name of school:
School address: City State Zip Code			**School must provide verification of enrollment**
Will the father name anyone else as a possible father? Yes ■ No ■		If yes, who? Last name First name	

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Was the child born in Oklahoma? Yes ■ No ■	If yes, what city?
Sex:	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes ■ No ■
Legal status: Support ordered for this child ■ Paternity established, but no support ordered ■ Paternity needs to be established ■ Parents married, living apart, no support ordered ■			
Does the child live with you? Yes ■ No ■	If the child is 18, is he/she currently in high school? Yes ■ No ■		Name of school:
School address: City State Zip Code			**School must provide verification of enrollment**
Will the father name anyone else as a possible father? Yes ■ No ■		If yes, who? Last name First name	

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Was the child born in Oklahoma? Yes ■ No ■	If yes, what city?
Sex:	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes ■ No ■
Legal status: Support ordered for this child ■ Paternity established, but no support ordered ■ Paternity needs to be established ■ Parents married, living apart, no support ordered ■			
Does the child live with you? Yes ■ No ■	If the child is 18, is he/she currently in high school? Yes ■ No ■		Name of school:
School address: City State Zip Code			**School must provide verification of enrollment**
Will the father name anyone else as a possible father? Yes ■ No ■		If yes, who? Last name First name	

INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION

What was the relationship between the mother and father of the child(ren)? Never married ■ Married/living apart ■ Divorced ■			
Date of separation:			
Date of marriage: City:		County:	State:

Please check if you have ever appeared in any court for one of the following reasons?.

■ Child support ■ Divorce ■ Child custody ■ Legal paternity ■ Domestic violence.

If yes, where did you appear (city/county and state)?_____

Please complete portions A, B, and C to the best of your knowledge. If you need assistance in completing the entire application, please call or email our office.

A. COURT ORDER INFORMATION

(Attach copies of divorce decree, paternity order, custody order or tribal order, etc.)

Date of order:	Court case number:	Where is the order from? (district court, tribal court, CFR)	
City:	County:	State:	If tribal or CFR court what tribe issued the order?
Was child support ordered? Yes ■ No ■		If yes, how much?	Per week, bi-weekly or per month?
Was a private attorney consulted for this order? Yes ■ No ■		Name of attorney?	

B. PENDING COURT ORDERS (Please attach copy)

Is there any legal action that affects the children? Yes ■ No ■	Is the child(ren) in Indian Child Welfare (ICW) or Child Welfare custody? Yes ■ No ■	
Date child(ren) placed in ICW/CW custody:	If child in ICW care, what tribe?	
Date of filing:	Court case number:	County:
State:	What court is the paperwork filed at?	If tribal court, what tribe?
If child support has been ordered, how much is the non-custodial parent ordered to pay?		How often?
Is a private attorney currently working on this order Yes ■ No ■		Name of attorney?

C. MODIFICATION OF CHILD SUPPORT (Please attach copy)

Date of modification:	Court case number:	Where is order from? (district court, tribal court, CFR)	
City:	County:	State:	If tribal or CFR court what tribe issued the order?
What was the child support order modified to?		How often?	
Was a private attorney consulted for this order? Yes ■ No ■		Name of attorney?	

D. HEALTH INSURANCE COVERAGE (Please attach copy)

Who is the provider of health insurance? Father Mother Other person:	
Is the child(ren) enrolled in a health insurance plan? Yes ■ No ■	If yes, which child(ren) is enrolled?
Cost per month to cover only the child(ren)? $	Effective date
Does your child(ren) have an established file at Cherokee Nation health facilities or Indian Health Service facilities?	

AFFIDAVIT OF CHILD SUPPORT RECEIVED

Use one form for payments RECEIVED from one parent.

1. If you have not received any child support payments from the non-custodial parent, please complete section A. Do not forget to sign and date the Affidavit before a notary public.

2. If you have received child support from the non-custodial parent, complete section A and B. Start with the most recent year you received child support or were given a judgment and work back. Do not forget to sign and date the Affidavit before a notary public.

SECTION A:

I, _____, state the following to be a record of any/all direct payments.

- **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, not through the State of Oklahoma, from the date of my original order, for the following chld(ren):**

NAME	DATE OF BIRTH

	20__	20__	20__	20__	20__	20__	19__	19__	19__	19__
Jan.										
Feb.										
Mar.										
Apr.										
May										
June										
July										
Aug.										
Sep.										
Oct.										
Nov										
Dec										

Custodial Parent's Signature: _____

Date: _____

State of: _____

County of: _____

I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.

Notary Public Signature: _____

Commission number: _____

Commission expires on: _____

REFERRAL SECTION:

Were you referred to CNCSS from another agency or department? Yes ■ No ■

If yes, by whom? _____

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

REMINDERS

1) Did you read, sign and notarize:
   Statement of Understanding
   Affidavit of Direct Payments

2) Attach copies of state issued birth certificates for all children

3) Hospital issued birth certificates with baby footprints will not be accepted

4) Attach copies of CDIB/Membership cards for all children

5) Attach copies of Social Security card(s) for applicant and children in case

6) Attach copies of court orders, Divorce Decree, Paternity Affidavits

INTERVIEWER'S:

Name: _____

Signature: _____ Date: _____

STATEMENT OF UNDERSTANDING:

1. I understand the Cherokee Nation Office of Child Support Services (CNOCSS) is here to act in the public interest to protect children's rights, protect the taxpayers, the tribe, and to make sure that the parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of CNCSS to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent.
I give CNOCSS permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support or medical support.

2. I understand that CNOCSS attorneys or child support staff do not represent me.

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

4. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or prove who is the biological father of my child(ren). This includes any information that I know about or any documentation that I have.

5. I understand that CNOCSS **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 CNOCSS cannot help with issues such as custody and property settlements. I agree to tell CNOCSS if I hire a private attorney to collect or modify child support or spousal support for me.

6. I agree CNOCSS will decide on the best way to collect the child support. This will include taking the overdue support from federal and state tax refunds that are due to the NCP.
I understand that money collected from federal or state tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that CNOCSS or a state agency will hold the intercept for up to six months. I understand that I may receive tax collections that are actually owed to the NCP's current spouse and I agree that if the NCP's current spouse files an Injured Spouse claim for his/her portion of the tax refund collection, I will return that portion to CNOCSS.
I further understand that the Cherokee Nation will, in accordance to a Service Agreement refer my case to the State of OK to intercept tax refunds.

7. I agree that starting with the date of my application all money paid for child support will go through the Tribal Payment Center in Tahlequah. I further understand that the CNOCSS will, in accordance to a service agreement refer my case to the State of OK to intercept tax refunds. I give CNOCSS the authority to endorse child support checks made out to me. I understand that if I do not notify CNOCSS of direct payments or turn in child support paid directly to me, my case may be closed.

8. 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, CNOCSS will recover the overpayment from me. I understand CNOCSS shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my state tax refund.

9. I understand it is law that CNOCSS will collect money owed to the tribe or state for any TANF my children 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 the tribe or state for any TANF paid to me or my children in the past.

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

Initial _____ Date ___/___/___

APPLICANT'S SIGNATURE: _____

DATE: _____

STATE OF: _____

COUNTY OF: _____

I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.

Notary Public Signature: _____

Commission number: _____

Commission expires on: _____

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