



GWY.9 DBP  
**CHEROKEE NATION™**

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Office of the Chief

Bill John Baker  
Principal Chief

S. Joe Crittenden  
Deputy Principal Chief

**Office of Child Support Services**



u-na-da-ga-yv-li-ge a-le di-ni-yo-tli di-ni-s-de-li-s-gi

**Human Services Group**

**AFFIDAVIT OF REQUEST FOR CASE TRANSFER**

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

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

**I. CUSTODIAL PARTY DEMOGRAPHICS**

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

Case Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

CP 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 (only if POA): ( )

Tribal Member: Yes No List Tribe(s): \_\_\_\_\_  
If more than one Tribe – Membership To: \_\_\_\_\_

**II. NON-CUSTODIAL PARTY DEMOGRAPHICS**

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

Case Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

NCP 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 (only if POA): ( )

Tribal Member: Yes No List Tribe(s): \_\_\_\_\_  
If more than one Tribe – Membership To: \_\_\_\_\_

Amount of Child Support received DIRECT from the Non-Custodial Party: \$ \_\_\_\_\_

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


**III. CHILD(REN)'S DEMOGRAPHICS**

	Name	DOB	State in Which Child Was Conceived	SSN	Male/Female
1					
2					
3					
4					
5					
6					
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 Closure as this constitutes a separate case.*

Have the child OR any of the children listed above reached the age of 18?

Yes     No

If the child OR children are age of 18, is he/she currently attending high school?

Yes     No

*Verification of attendance by his/her high school is required. Verification must be on the school's official letterhead. The child's or children's school will be notified for verification of attendance.*

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 closed and the Cherokee Nation Office of Child Support Services 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.***

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_*

*Notary Public: \_\_\_\_\_*

*Commission Number: \_\_\_\_\_*

*Commission Expires:* \_\_\_\_\_