

**THE CHICKASAW NATION
DEPARTMENT OF CHILD SUPPORT SERVICES**

**231 Seabrook Rd., P.O. Box 1809, Ada, Oklahoma 74821-1809
Toll Free 1-866-431-3419 or Local calls 580-436-3419**

Dear Applicant:

We appreciate the opportunity to assist you and your children. **Please maintain this page for your records and read carefully.** Attached is the application necessary to initiate child support services with the Chickasaw Nation Child Support Services (CNCSS) program. You may also complete and print an application online at www.Chickasaw.net/docs/Form 579 pdf. Please complete the application and attach all of the documentation requested and mail to: P.O. Box 1809, Ada Oklahoma 74821-1809.

Please provide the following documentation with your application:

- ***Your child(ren)'s certified state birth certificate with the official state seal visible on the copy. You may obtain certified copies in Oklahoma by:***
 - 1) ***Visiting: Vital Records Service, Room 117, Oklahoma State Department of Health, 1000 NE 10th, Oklahoma City, OK or the Tulsa Health Department, Central Regional Health Center, 315 S. Utica, Tulsa, OK; or***
 - 2) ***Write to: Vital Records Service, Oklahoma State Department of Health, 1000 NE 10th, Oklahoma City, OK 73117.***
- ***Certificates of Degree of Indian Blood (CDIB) for you and your child(ren).***
- ***Social Security cards for you and your child(ren), if possible.***
- ***Two most recent payroll stubs.***
- ***All court orders pertaining to the child(ren) such as divorce decree, custody and child support orders.***
- ***Signed affidavit acknowledging paternity for the child(ren), if available.***
- ***A photograph of the non-custodial parent, if available.***

FAILURE TO SUBMIT DOCUMENTATION WILL RESULT IN A DELAY OF OPENING YOUR CASE.

IMPORTANT INFORMATION: Please read Section VIII: **STATEMENT OF UNDERSTANDING** carefully. If you have any questions, please contact the CNCSS office prior to signing the application in front of a notary public. You may locate a notary public at any local child support office, court clerk's office or local bank.

Please understand that the rules and regulations of 25 CFR, the court rules of the Court of Indian Offenses, District State Court, or tribal court can apply to your case. You have the option to hire an attorney at your own expense, but please be aware that at the time of obtaining a private attorney, our office will no longer correspond with you directly; **ONLY** your attorney will contact the CNCSS attorney directly.

Sincerely,

The Staff of the Chickasaw Nation
Child Support Services Program



THE CHICKASAW NATION
Department of Child Support Services

APPLICATION FOR CHILD SUPPORT SERVICES

OFFICE USE ONLY: Date requested: _____ Date received: _____ FGN: _____
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PLEASE PRINT WITH BLUE OR BLACK INK

Please mark, if applicable:

Other agency working my child support. What agency (i.e. support kids; state of OK, etc.): _____

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

Full legal name: Last First Middle			Maiden/alias name		
Date of birth:		Social Security number:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:		If Native American, what tribe?			
What is the relationship of the child(ren) to the custodial parent?				Who has legal custody?	
Mailing address:			City	State	Zip code
Physical address:			City	State	Zip code
County of residence:		Home phone number:		Cell / other phone:	

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, beginning with the most recent and working back for the past five years. You should list all full-time work, part-time work, military service, self-employment, other paid work, student and all periods of unemployment. The entire five-year period must be accounted for without breaks.

Name of company and phone number	Address (city/state)	From mo/yr	To mo/yr	Occupation	Hours per week	Hourly income

DOMESTIC VIOLENCE INFORMATION

<p>Have you or the child(ren) of this application experience any type of abuse from the non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual</p>
<p>Has the non-custodial parent had a protective order against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please provide a copy.</p>
<p>Do you believe that you or the child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

A. INFORMATION ABOUT THE FATHER or the person who may be the father of the child(ren), if not the custodial parent.

Full legal name: Last			First	Middle	Alias name	
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.):				Is the father disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home address:			City	State	Zip code	
Home phone number:		Cell phone/pager number:		Cell	Pager	
Is the father currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, with whom?		Relationship	
Has father ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?		Where? (city, state)	

List information about the father's vehicle:

Year:	Make:	Model:	Color:	Tag Number:	State or Tribe:
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Military service information:

Is the father in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Reserve information: Is the father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide additional information about the father's parents/relative/friends:

Mother's name: Last			First	Middle	Phone number:	
Address:			City	State	Zip code	
Father's name: Last			First	Middle	Phone number:	
Address:			City	State	Zip code	
Relatives/friends name: Last			First	Middle	Phone number:	
Address:			City	State	Zip code	

LIST BELOW ANY EMPLOYMENT, for the father beginning with the most recent.

Name of company and phone number	Address (city/state)	From mo/yr	To mo/yr	Occupation	Hours per week	Hourly income

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

Full legal name: Last First Middle			Maiden/alias name
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.):			Is the mother disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address:		City	State Zip code
Home phone number:	Cell phone/pager number:		Cell Pager
Is the mother currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, with whom?	Relationship
Has mother ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	Where? (city, state)

List information about the mother's vehicle:

Year:	Make:	Model:	Color:	Tag Number:	State or Tribe:
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Military service information:

Is the mother in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Reserve information: Is the mother enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide additional information about the mother's parents/relative/friends:

Mother's name: Last First Middle			Phone number:
Address:		City	State Zip code
Father's name: Last First Middle			Phone number:
Address:		City	State Zip code
Relatives/friends name: Last First Middle			Phone number:
Address:		City	State Zip code

LIST BELOW ANY EMPLOYMENT, for the mother beginning with the most recent.

Name of company and phone number	Address (city/state)	From mo/yr	To mo/yr	Occupation	Hours per week	Hourly income

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

Full legal name of child: Last				First	Middle	Social Security number:	
Date of birth:		City of birth:			State of birth:		
Sex:	Race:	If Native American, what tribe?	Is child enrolled w/or eligible for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:			
School address: City		State	Zip code		Graduation Year:		
Is this child receiving TANF, Medicaid and/or medical benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, where:
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who?		Last name	First name	

Full legal name of child: Last				First	Middle	Social Security number:	
Date of birth:		City of birth:			State of birth:		
Sex:	Race:	If Native American, what tribe?	Is child enrolled w/or eligible for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:			
School address: City		State	Zip code		Graduation Year:		
Is this child receiving TANF, Medicaid and/or medical benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, where:
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who?		Last name	First name	

Full legal name of child: Last				First	Middle	Social Security number:	
Date of birth:		City of birth:			State of birth:		
Sex:	Race:	If Native American, what tribe?	Is child enrolled w/or eligible for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:			
School address: City		State	Zip code		Graduation Year:		
Is this child receiving TANF, Medicaid and/or medical benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, where:
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who?		Last name	First name	

Full legal name of child: Last				First	Middle	Social Security number:	
Date of birth:		City of birth:			State of birth:		
Sex:	Race:	If Native American, what tribe?	Is child enrolled w/or eligible for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has CDIB been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:			
School address: City		State	Zip code		Graduation Year:		
Is this child receiving TANF, Medicaid and/or medical benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, where:
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who?		Last name	First name	

If additional children, please use the back of page.

IV. INFORMATION ABOUT CHILD SUPPORT OBLIGATION.

The relationship between the mother and father of the child(ren): (check) <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived together			
Date of separation:	Date of living apart:		Date of Decree of Divorce:
Date of marriage:	City:	County:	State:

A. COURT ORDER INFORMATION. (Attach copies of your divorce decree, paternity order, custody order or any tribal orders, etc.)

Date of order:	Court case number:	What court?	
City:	County:	State:	If tribal or CFR court what tribe issued the order?
If child support was ordered, how much?		Per week, bi-weekly or per month?	
If a private attorney was consulted for this order, please give name, address and phone number:			
Name of attorney currently working on your case		Attorney's address/phone number:	

B. PENDING COURT ORDERS. (please attach copy)

Is there any legal action that affects the child(ren)?	Is the child(ren) in Indian Child Welfare (ICW) or DHS custody?		
Date child(ren) placed in ICW/DHS custody:	If child(ren) in ICW/DHS care, what tribe or county?		
Date of filing:	Court case number:	County:	
State:	In what court is the paperwork filed?	If tribal court, what tribe?	
If child support has been ordered, how much is the non-custodial parent ordered to pay?			How often?
If a private attorney was consulted for this order, please give name, address and phone number:			
Name of attorney currently working on your case		Attorney's address/phone number:	

V. At the time our office is able to enforce a child support order, please indicate how you would like to receive your child support payments:

Direct deposit or Check Debit card

VI. COMMENTS: Please provide additional information that you feel could assist our office in enforcing your child support order. (If necessary, you may use the back of the page.)

VII. AFFIDAVIT OF CHILD SUPPORT RECEIVED (directly paid to you). 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 records of any/all direct payments from _____.

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, for the following children:

Child's name	Date of birth

Section B: INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT

*Indicate by an (x) any time children were not in your care for 30 days or more.

	20__	20__	20__	20__	20__	20__	20__	_____	_____	_____
JANUARY										
FEBRUARY										
MARCH										
APRIL										
MAY										
JUNE										
JULY										
AUGUST										
SEPTEMBER										
OCTOBER										
NOVEMBER										
DECEMBER										

Applicant's signature: _____ Date: _____

STATE OF: _____

(NOTARY USE ONLY)

COUNTY OF: _____

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

Notary public: _____

My commission expires: _____

Commission number: _____

VIII. STATEMENT OF UNDERSTANDING:

1. I understand the Chickasaw Nation Child Support Services department (CNCSS) 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 CNCSS 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 CNCSS ensures that all personal information provided to CNCSS such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the custodial parent and non-custodial parent.
3. I understand that CNCSS attorneys or child support staff do not represent me. I have the option to hire an attorney at my own expense. At the time of obtaining a private attorney, CNCSS will no longer correspond with me directly; ONLY my attorney will contact the CNCSS attorney directly.
4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with CNCSS, law enforcement offices and the court. I will notify CNCSS of my new address in writing every time I move.
5. 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.
6. I understand CNCSS 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 CNCSS cannot help with issues such as custody and property settlements. I agree to tell CNCSS if I hire a private attorney to collect or modify child support or spousal support for me.
7. I agree CNCSS 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 CNCSS or 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 CNCSS.
8. I agree that starting with the date of my application all money paid for child support will go through the State of Oklahoma Central Registry Unit in Oklahoma City. I give CNCSS the authority to endorse child support checks made out to me. I understand that if I do not notify CNCSS of direct payments or turn in child support paid directly to me, my case will be closed.
9. 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, CNCSS will recover the overpayments from me. I understand CNCSS shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my state tax refund.
10. I understand it is law that CNCSS will collect money owed to the tribe or state for any TANF/AFDC 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/AFDC paid to my children or me in the past.
11. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with CNCSS, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.
12. I understand that by opening a case with CNCSS I will be closing my case with the State of Oklahoma.

Applicant's signature: _____

Date: _____

REMINDERS:

STATE OF: _____	(NOTARY USE ONLY)
COUNTY OF: _____	
I verify that the above named person signed this affidavit before me on this _____ day of _____, 20____.	
	Notary public: _____
My commission expires: _____	Commission number: _____

- Did you read, sign and notarize the application:
Statement of Understanding? Yes No
Affidavit of Direct Payments? Yes No
- Attach copies of state issued birth certificates for all children? Yes No
Hospital issued birth certificates with baby footprints will not be accepted.
- Attach copies of CDIB for all children? Yes No
- Attach copies of Social Security card(s) for all parties in case? Yes No
- Attach copies of court orders, Divorce Decree, Affidavit(s) Acknowledging Paternity? Yes No
- Do you have any questions about the application? Please call 866/431-3419

Send original application to:

The Chickasaw Nation Department of Child Support Services
P.O. Box 1809
Ada, OK 74821

Would you like to visit our main office?

The Chickasaw Nation Department of Child Support Services
231 Seabrook Road
Ada, Oklahoma 74821

Would you like to know more information about the Chickasaw Nation?

Please visit our website at www.chickasaw.net.

DO NOT FAX APPLICATION TO OFFICE.